

U9000183036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2024 MAY 13 PM 2:37

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## COVER LETTER

TO: Registration Section  
Division of Corporations

Florida Transportation A-L, LLC

SUBJECT: \_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
(Name of Person)  
Artem Larionov  
\_\_\_\_\_  
(Firm/Company)  
Florida Transportation A-L, LLC  
\_\_\_\_\_  
(Address)  
2401 Ave M Brooklyn NY 11210 P.O.BOX 290-200 Brooklyn NY 11229  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Artem Larionov + 1 (201)  
at 563-64-54  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is  
Transportation

2. The Articles of Organization were filed on 07/19/2019 and assigned  
document number 1.19000183036

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be  
listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Hello, it was a pleasure to work with you. I have one request for you, could

you send me a confirmation about the closure of the company on

P.O. Box 290-200 Brooklyn NY 11229

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Artem Larionov

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed  
above to wind up the company's activities and affairs:

Signature

Artem Larionov

Printed Name

ARTEM LARIONOV

FILING FEE: \$25.00

SECRET  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

2024 MAY 13 PM 2:37

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