

LA0000069533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

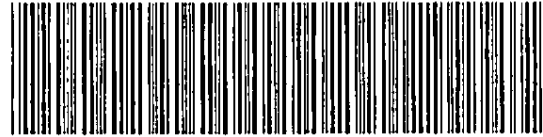
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/26/20--01021--006 **150.00

RECEIVED
AUG 26 PM 1:27
2020
AUG 26 PM 1:43

C. GOLDEN

AUG 26 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

RLF Transports LLC
(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:

Ryan Pinner
(Name of Person)

RLF Transports LLC
(Firm/Company)

170 West Cherokee Ave
(Address)

Monticello FL 32344
(City/State and Zip Code)

For further information concerning this matter, please call:

Ryan Pinner at (845) 307 8849
(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

2020 APR 26 PM 1:43

1. The name of a limited liability company is ELF Transports LLC
2. The Articles of Organization were filed on 8/10/20 and assigned
document number L20000111
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).

Business partner that was taken off LLC
Fluor Dot E MC FF in his name

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

170 WEST CHEROKEE STREET
MONTICELLO, FL 32344

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]
Signature

Thomas Linton
Printed Name

FILING FEE: \$25.00