

L200000377214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

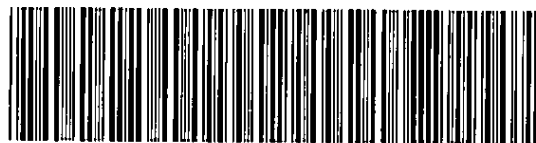
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/15/21--01008--017 \*\*25.00

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CC/CUS  
Art Diss

JUL 15 2021  
ALBRITTON

2021 JUL 15 AM 10:23

2021 JUL 15 AM 10:24

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: All around delivery 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:

Hendrick Davis  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

3825 McFarlane drive 32303  
(Address)

Tallahassee FL 32303  
(City/State and Zip Code)

For further information concerning this matter, please call:

Hendrick Davis at ( 813 ) 293-5521  
(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

FILED  
2021 JUL 15 AM 10:24  
TALLAHASSEE, FL

1. The name of a limited liability company is

All around delivery LLC

2. The Articles of Organization were filed on Dec 10, 2020 and assigned

document number L20000377214

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).

no longer wish to ~~have~~ operate company

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Hendrick Davis 3825 m<sup>c</sup> Fallene  
drive 32303 Tall FL

\_\_\_\_\_  
\_\_\_\_\_

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:

Hendrick Davis  
Signature

Hendrick Davis  
Printed Name

FILING FEE: \$25.00