

L21 000103427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

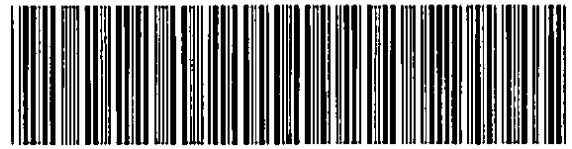
(Business Entity Name)

(Document Number)

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

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06/21/21--01015--003 \*\*25.00

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2021 JUN 21 AM 8:26  
FILING OFFICE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Notice of Limited Liability Company dissolution  
**DOCUMENT NUMBER:** L 21000103427

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ariel Alejandro Rodriguez  
(Name of Contact Person)

AAR Trucking Inc  
(Firm/Company)

5240 NW 125<sup>th</sup> Street Rd  
(Address)

Reddick, Florida 32686  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ariel A. Rodriguez at ( 352 ) 804 6650  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy<br>(Additional copy is enclosed) | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status & Certified<br>Copy (Additional copy<br>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

## Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "*Notice of Limited Liability Company Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: AAR Trucking LLC

Document number of Limited Liability Company is: § 21000 103427

Date of dissolution was: \_\_\_\_\_

Description of information that must be included in a written claim:

Voluntary Dissolution

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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

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

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Ariel N. Rodriguez  
Printed Name of the Person Filing

[Signature]  
Signature of the Person Filing