

h21 000186 063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

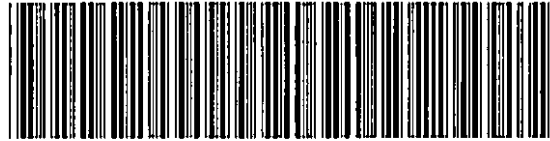
(Document Number)

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

Special Instructions to Filing Officer:

4085/7076H  
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10/28/22--01003--002 \*\*\$5.00

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10/27/22

DC

FILED

2022 JUN 24 PM 5:31



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 17, 2022

GREISY SUAREZ  
1248 VISCAYA PKWY  
CAPE CORAL, FL 33990

SUBJECT: ASHER TRANSPORT LLC  
Ref. Number: L21000186063

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$65.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell  
Regulatory Specialist II Supervisor

Letter Number: 522A00020750

10/11/22

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ASHER TRANSPORT LLC

Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

GREISY SUAREZ

Contact Person

DIRECT SOLUTION SERVICES

Firm/Company

1248 VISCAYA PKWY

Address

CAPE CORAL FL 33909

City, State and Zip Code

PERMITS@DIRECTSOLUTIONSERVICES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GREISY SUAREZ

at ( 239 ) 4435846

Name of Contact Person

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

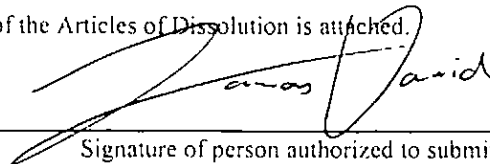
**Street Address:**

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

STATEMENT OF REVOCATION OF DISSOLUTION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

1. The name of the company is: ASHER TRANSPORT LLC
2. The document number of the company is L21000186063
3. The effective date the Dissolution was filed is 04/21/2022
4. The revocation of dissolution was authorized on 04/21/2022
5. A copy of the Articles of Dissolution is attached.

  
\_\_\_\_\_  
Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00  
Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

FILED  
2022 JUN 24 PM 5:31  
TALLAHASSEE, FLORIDA

**FILED**  
**Apr 07, 2022**  
**Secretary of State**

## **ARTICLES OF DISSOLUTION**

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

ASHER TRANSPORT LLC

The document number of the limited liability company: L21000186063

The file date of the articles of organization: April 21, 2021

The effective date of the dissolution if not effective on the date of filing: April 21, 2022

A description of occurrence that resulted in the limited liability company's dissolution:

MY COMPANY IS OUT BUSINESS.

The name and address of the person appointed to wind up the company's activities and affairs:

TOMAS D MANCIA MARTINEZ  
1183 SUMMERALL RD  
LA BELLE, FL 33935

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: TOMAS D MANCIA MARTINEZ

Electronic Signature of authorized person