## L21 000 194 177

(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:		

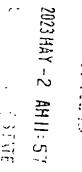
Office Use Only



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6/30/23 VU



## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: MAYJA TRUCKENG				
(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:				
CRAIG ANTHON	y PIGRIE			
(Name of Person)				
MAYJA TRUCK ING				
MAYJA TRUCK ING (Firm/Company)				
11737 SUNRURST MARRIE PO				
11732 SUNBURST MARBIE RD (Address)				
RIVERVIEW FL.	33 5 79			
RIVERVIEW FL. 33579 (City/State and Zip Code)				
The first or information agreeming this motter places calls				
For further information concerning this matter, please call:				
CRATG PIEIRCE (Name of Person)	at (646 ) 594 0839			
(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)			
	Certified Copy (additional copy is enclosed)			
Mailing Address: Registration Section	Street Address: Registration Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	rananassee, r E 52505			

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is		
	MAYJA TRUCKING	C LLC	
2.		$APR \pm L = 26$ , $2023$ and assigned	
	document number <u>L2100019417</u>		
3.	Note: If the date inserted in this block does not	delayed effective date the dissolution if not effective on the date of filing:	
		the limited liability company's dissolution pursuant to section on back cover letter).	
	COMPANY WENT OUT	- OF BUSINESS	
	<del></del>		
5	If there are no members, enter the name and	d address of the person appointed to wind up the company's	
J.		Pierce 11732 Sunburst Marble 20 Riverview 335	
	activities and arians.	335	
		<u> </u>	
		202	
6. ab	Signature of an authorized person or if there ove to wind up the company's activities and	e are no members, the signature of the person appointed and listed affairs:	
/		- CRAIL PIERRE = "	
	Signature	Printed Name	

FILING FEE: \$25.00