

L21000222786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

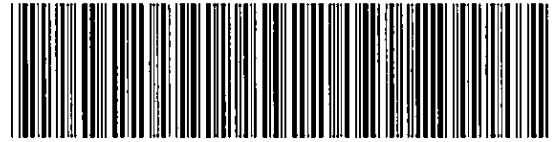
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA FILING & SEARCH SERVICES, INC.

**- P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 4/5/2022

NAME: EL COQUI TRUCKING LLC

TYPE OF FILING: DISSOLUTION

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

astodge

** File First **

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EL COQUI TRUCKING LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sol Diaz

(Name of Person)

El coqui trucking llc

(Firm/Company)

4370 nw 207 dr

(Address)

Miami Gardens fl 33055

(City/State and Zip Code)

For further information concerning this matter, please call:

SOL DIAZ at (912) 332-8964

(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

1. The name of a limited liability company is
EL COQUI TRUCKING LLC
2. The Articles of Organization were filed on 05/13/2021 and assigned
document number 121000222786
3. The delayed effective date the dissolution if not effective on the date of filing: 03/31/2021
(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).

Cease doing business

Cease doing business

Cease doing business

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2022 APR -5 AM 10:06
STATE DEPARTMENT OF STATE
TALLAHASSEE, FL

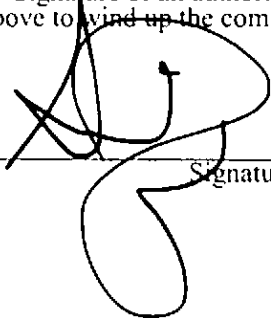
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

SOL DIAZ

4370 NW 207 DR

MIAMI GARDENS, FL 33055

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

SOL DIAZ

Printed Name

FILING FEE: \$25.00