(Requestor's Name)
(Address)
(recovery
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Ć.
and a
J. HORNE 2023
2. 5/1
BL

Office Use Only



400405822454

2023 APR 19 AH 5:

FLORIDA CAPITAL COURIER SE	ERVICES, INC
2330 CLARE DRIVE	
TALLAHASSEE, FL 32309	
(850) 524–5437	
(850) 524–6243	
Please use funds from this	account: 20210000160: \$ 100.00
Authorization Signature:	Jan Jull :
PRIBETAD TRANS LLC	L21000241801
BUSINESS NAME	DOCUMENT #
Certified Copy of Articles	of Organization
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Corp Not for Profit Limited Liability Domestication Other LCORP LLLP	AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentX_Revocation of DissolutionMergerConversionAmended and restated ArticlesStatement of Authority
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
Fictitious Name	Limited Partnership Reinstatement
APOSTILLE	Other
Country	
EXAMINER'S INITIALS:	

. -	
FLORIDA CAPITAL COURIER S	SERVICES, INC
2330 CLARE DRIVE	
TALLAHASSEE, FL 32309	
(850) 524–5437	
(850) 524-6243	
Please use funds from thi	s account: 120210000160: \$ 100.00
Authorization Signature:	san Gyll:
PRIBETAD TRANS LLC	(L21000241801
BUSINESS NAME	DOCUMENT #
Certified Copy of Articles	of Organization
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Corp Not for Profit Limited Liability Domestication Other CORP LLLP	AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentX_Revocation of DissolutionMergerConversionAmended and restated ArticlesStatement of Authority
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
Fictitious Name	Limited Partnership Reinstatement
APOSTILLE	Other
Country	
EXAMINER'S INITIALS:	_

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	PRIBETAD TRANS LLC		
SUDJ	Name of Lin	nited Liability Cor	npany
	nclosed Statement of Revocation of Dissolution tted for filing.	ı for Florida Limi	ted Liability Company and fee(s) are
Please	return all correspondence concerning this mat	ter to:	
Rober	to Machado		
	Contact Person		_
Simpl	ex Transportation Management Services Inc		
	Firm/Company		_
7500 i	NW 52nd ST, STE 100		_
	Address		
MIAN	AI, FL 33166		
-	City, State and Zip Code		
	@simplexgroup.net		
E-	mail address: (to be used for future annual rep	ort notification)	
For fu	rther information concerning this matter, pleas	e call:	
Rober	to Machado	305 at (599-8287
	Name of Contact Person	Area Code	Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section Division of Corporations
	Division of Corporations P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 81

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.

l.	PRIBETAD TRANS LLC The name of the company is:
2.	The document number of the company is
3.	The effective date the Dissolution was filed is
4.	4/17/2023 The revocation of dissolution was authorized on
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 Mar 23, 2023 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:

PRIBETAD TRANS LLC

The document number of the limited liability company: L21000241801

The file date of the articles of organization: May 24, 2021

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

WE ARE GOING OUT OF BUSINESS.

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

RICHARD CHIRINO GARCIA 95 E 11TH ST HIALEAH, FL 33010 US

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: RICHARD CHIRINO GARCIA

Electronic Signature of authorized person