

L21000396780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

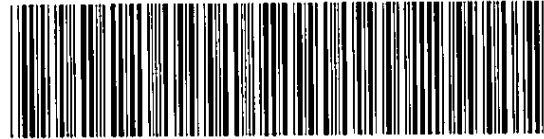
cc. Copies _____ Certificates of Status _____

Instructions to Filing Officer

J. HORNE

JAN 17 2023

Office Use Only



800398679598

FILED
23 JAN 17 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FL 32399



17 PM 2:52

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROUCHON TRANSPORT LLC
(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:

ROUCHON JEAN-ROODY
(Name of Person)

TRUCKING
(Firm/Company)

1416 22ND ST EAST
(Address)

PALMETTO, FL 34221
(City/State and Zip Code)

For further information concerning this matter, please call:

ROUCHON JEAN ROODY at (845) 821-6748
(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

FILED

2023 JAN 17 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FL 323

1. The name of a limited liability company is

ROUCHON TRANSPORT LLC

2. The Articles of Organization were filed on 9/07/21 and assigned

document number L21000396780

3. The delayed effective date the dissolution is not effective on the date of filing: _____
(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).

Due to moving out the country

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

ROUCHON JEAN-ROODY

1416 22ND ST EAST PALMETTO

FL 34221

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

ROUCHON JEAN-ROODY
Printed Name

FILING FEE: \$25.00