

121 000442522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

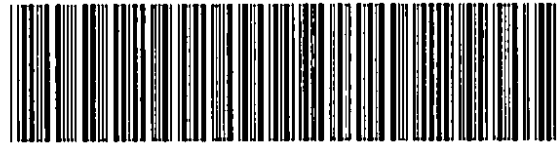
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/21/22--01031--011 *25.00

2022 MAR 21 11:00:17

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MAR 28 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alumni Transit, 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:

Thomas Williams

(Name of Person)

Alumni Transit, LLC

(Firm/Company)

66 West Flagler street

(Address)

Miami, Florida 33130

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas Williams

(Name of Person)

863

286-8025

at ()

(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
Alumni Transit, LLC

2022 MAR 21 11:17

2. The Articles of Organization were filed on 10/11/2021 and assigned
document number L21000442522

3. The delayed effective date the dissolution if not effective on the date of filing: 03/07/2022
(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).

No longer interested in conducting this type of business.

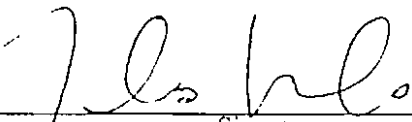
No longer interested in conducting this type of business.

No longer interested in conducting this type of business.

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

7367 Ibis Dr Lakeland, Florida 33810

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

Thomas Williams

Printed Name

FILING FEE: \$25.00