

L21000478188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

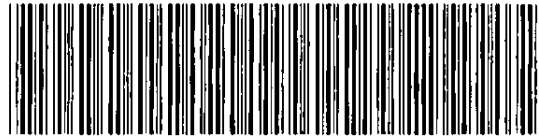
(Business Entity Name)

(Document Number)

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FILED  
2023 FEB 13 PM 2:55  
STATE OF FLORIDA  
TALLAHASSEE, FL 32310

VD

DC

6/18/23

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CABANAS TRANSPORTATION SERVICES 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:

NATIVIDAD CANTILLO CABANAS

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

1922 E WILDER AVE

\_\_\_\_\_  
(Address)

TAMPA, FL 33610

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

NATIVIDAD CANTILLO CABANAS

\_\_\_\_\_  
(Name of Person)

786 800-0134

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**

**FILED**  
**2023 FEB 13 PM 2:55**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
CABANAS TRANSPORTATION SERVICES LLC
2. The Articles of Organization were filed on 11/04/2021 and assigned  
document number L21000478188
3. The delayed effective date the dissolution if 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).  
DISSOLUTION OF ~~CORPORATION~~ LIMITED LIABILITY COMPANY  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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:

NATIVIDAD DE JESUS CANTILLO CABANAS  
Signature

NATIVIDAD CANTILLO CABANAS  
Printed Name

**FILING FEE: \$25.00**