LZ1000504698

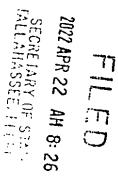
(Requestor's Name)	
(Address)	
(Address)	
,	
(City/State/Zip/Phone #)	
(only order Elph Hone Hy	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
J. HORNE	
JUN 1 6 2022	

Office Use Only



800386257968

04/22/22--01009--003 **25.00



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Max Mile Transort LLC (Name of Limited Liability Company)		
(Name of Limite	а Баонку Сопфану)	
The enclosed Articles of Dissolution and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Adrian Strachan (Name of Person)		
_		
(Firm/Company)		
9106 Fox Brawn Ln. Apt 100		
Tampz FL 33614 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Cindie Strachan (Name of Person)	at (<u>813</u>) <u>516-4337</u> (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

Money order enclosed

FILING FEE: \$25.00

Hrian Struchan

Signature