121000505430

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Umils				

Office Use Only



100428388611

04/26/24--01008--004 **25.00



COVER LETTER

TO:	Registration Section Division of Corporations	•				
SUBJI	Carter Couriers LLC ECT:					
(Name of Limited Liability Company)						
	nclosed Articles of Dissolution and fee(s) are submit return all correspondence concerning this matter to	-				
	Rachael Carter					
	(Name of Person)					
	Carter Couriers LLC					
	(Firm/Company)					
	136 Montserrat Drive					
	(Address)					
	Saint Augustine, FL 32092					
(City/State and Zip Code)						
For fu	rther information concerning this matter, please call	:				
	Rachael Carter	437 242-5211 at ()				
	(Name of Person)	at () (Area Code & Daytime Telephone Number)				
Enclose	ed 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:		Street Address:				
Registration Section Division of Corporations		Registration Section Division of Corporations				
	P.O. Box 6327	The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabili Carter Couriers LLC	ty company is		·
2.	The Articles of Organization	were filed on 11/29/201	21	_ and assigned
	document number L2100050	5430	_	
	Note: If the date inserted in the listed as the document's effect	date cannot be prior to or mo his block does not meet the live date on the Departmen	re than 90 days later than date of applicable statutory filing at of State's records.	document is received for filing) requirements, this date will not be
4.	A description of occurrence 605.0707, Florida Statutes, (c	that resulted in the limit copy 605.0707 on back	ed liability company's di cover letter).	ssolution pursuant recetion
	No business has been done unde	er this LLC since it as been	n opened. No filing, or busing	
5.	If there are no members, ente activities and affairs:		of the person appointed t ERRAT DRIVE SAINT AU	• •
6. ab	Signature of an authorized pove to wind up the company	erson or if there are no a s activities and affairs:	nembers, the signature of	the person appointed and listed
			n 1 10	
	Signature		Rachael Carter Printed	l Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company:Carter Courier.	s L.L.C
	1.21000505430
Date of dissolution was: 4/16/2024	
Description of information that must be included in	a written claim:
LLC has never been used. No filing under LLC or busin	ess matters have been used under this LLC. It has never been
Mailing address where claims can be sent: (Claims	cannot be sent to the Division of Corporations)
15920 NW US Hwy 441, Alachua, FL 32615	
	 _
	
A claim against the above named limited liability c claim is commenced within 4 years after the filing	ompany will be barred unless a proceeding to enforce the of this notice.
	$\mathcal{A} \cap \mathcal{A}$
Rachael Carter	
Printed Name of the Person Filing	Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00