

L21 000 515 754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

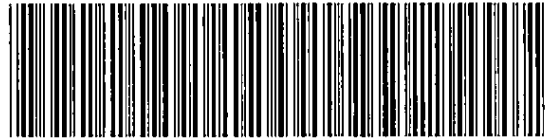
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700422631977

01/31/24--01002--016 **55.00

FILED
2024 JAN 30 AM 11:04
TALLAHASSEE, FL
CLERK OF STATE

21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Smooth Ride Shuttle Transportation 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:

Ernestine J. Worthy
(Name of Person)

Smooth Ride Shuttle Transportation LLC
(Firm/Company)

5901 N. W. 15th
(Address)

Sunrise, FL 33313
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FL

2024 JAN 30 AM 11:04

FILED

For further information concerning this matter, please call:

Ernestine J. Worthy at (954) 258-8351
(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
244 E. Madison St.
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Smooth Ride Shuttle Transportation LLC.

2. The Articles of Organization were filed on 12/6/2021 and assigned

document number L21000515754

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).

Service Interruption due to costs
of Coverage to protect against a loss

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

Ernestine J. Worthy

5901 N. W. 15th

Sunrise, FL. 33313

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:

Ernestine J. Worthy
Signature

ERNESTINE J. WORTHY
Printed Name

FILED
2024 JAN 30 AM 11:04
TALLAHASSEE, FL