

422 0000 146 16

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

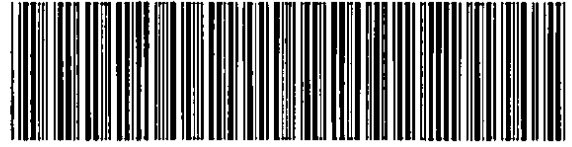
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Little Passengers, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Albany Merinsky

Name of Person

Little Passengers, LLC

Firm/Company

11353 SW 13th ST

Address

Pembroke Pines, FL 33025

City/State and Zip Code

merinskyalbany@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Albany Merinsky

at (+1) 786-468-9069

Name of Person

Area Code

Daytime Telephone Number

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

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

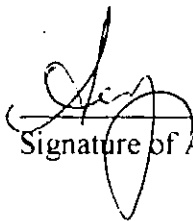
FIRST: The name of the limited liability company is: Little Passengers, LLC

SECOND: The Florida Document number of the limited liability company is: 1.22000014616

THIRD: The date of filing of the initial articles of organization is: January 06, 2022

FOURTH: The date of filing of the dissolution is: June 27, 2022

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.



Signature of Authorized Representative

Albany Merinsky

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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