

L220000121997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

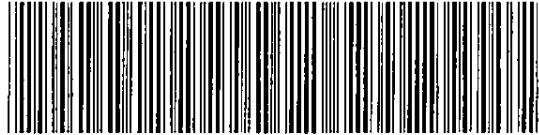
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/10/23--01023--017 **25.00

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2023 JUL 10 PM 1:38

CLERK OF COURT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WRIGHT WAY TRANSPORTATION AND TOURS, 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:

WILLIAM H. WRIGHT IV

(Name of Person)

WRIGHT WAY TRANSPORTATION AND TOURS, LLC

(Firm/Company)

949 GRAPEWOOD STREET

(Address)

DELTONA, FLORIDA 32725

(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM H. WRIGHT IV

(Name of Person)

571

at (

276-5856

) _____
(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**

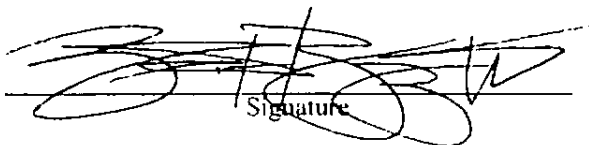
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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
WRIGHT WAY TRANSPORTATION AND TOURS, LLC
2. The Articles of Organization were filed on 03/07/2022 and assigned
document number L22000121997
3. The delayed effective date the dissolution if not effective on the date of filing: 06/14/2023
(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).

Business owner and driver, William H. Wright IV, was involved in a not-at-fault motor vehicle accident on
06/13/2023 which resulted in a permanent bodily injury that will prevent William H. Wright IV from being able
to fully operate his self-employed business.
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
WILLIAM H. WRIGHT IV
949 GRAPEWOOD STREET
DELTONA, FLORIDA 32725
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:


Signature

William H. Wright IV
Printed Name

FILING FEE: \$25.00