

L22 000 267 124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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600412440416

08/02/23--01001--014 **55.00

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2023 AUG -2 AM 9:21

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ALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stealth Logistics 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:

Nedret Simon

(Name of Person)

Stealth Logistics LLC

(Firm/Company)

2193 Sylvan Point Drive

(Address)

Mount Dora, Florida 32757

(City/State and Zip Code)

For further information concerning this matter, please call:

Cary Simon

(Name of Person)

224

246-2093

at (

) (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**

1. The name of a limited liability company is

Stealth Logistics LLC

2. The Articles of Organization were filed on 06-10-2022 and assigned

document number L22000267124

3. The delayed effective date the dissolution is not effective on the date of filing: 08-01-2023
(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).

Closing the Corporation

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

Cary Simon

13810 Sutton Park Drive N

#629

Jacksonville, FL 32224

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:

Nedret Simon

Signature

Nedret Simon

Printed Name

FILING FEE: \$25.00