

L22 000 277 181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

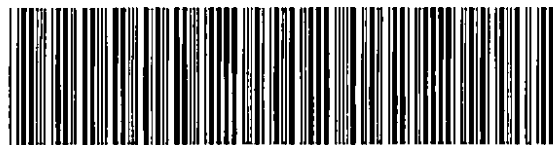
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/01/23 - 010L9 - 017 **20.00

6/30/23
VIN

FILED
2023 MAY - 1 AM 11:55
STATE
CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A1A Overage Recovery 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:

Sam Parker Jr	(Name of Person)
A1A Overage Recovery LLC	(Firm/Company)
9938 N. County Road 229	(Address)
Sanderson, FL 32087	(City/State and Zip Code)

For further information concerning this matter, please call:

Sam Parker Jr. at (386) 453 9195
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee and Certificate of Dissolution

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

A1A Overage Recovery LLC

2. The Articles of Organization were filed on 6/17/2022 and assigned

document number L22000277181

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).

Sickness has render Mr. Parker unable to perform the daily tasks necessary to operate this business sucessfully.

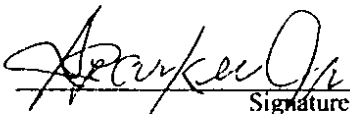
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Sam Parker Jr

9938 N. County Rd. 229

Sanderson, FL 32087

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

Sam Parker Jr

Printed Name

FILING FEE: \$25.00

2023 MAY -1 AM 11:55

FILED