L22 000 277 181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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6/30/23
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

☐ $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
   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

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SECRETARY OF STATE

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:

Sam Parker Jr
Signature

Sam Parker Jr
Printed Name

FILING FEE: $25.00