

P060000086864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

7989f

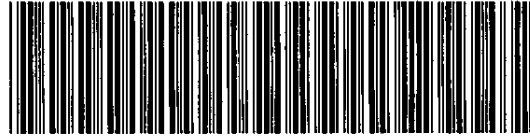
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400268972114

02/03/15--01013--024 \*\*25.00

*less with notice*

03/30/15--01049--014 \*\*10.00

FILED  
2015 MAR 27 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*3/31/15*

\*00789, 06342, 00671

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Farsen Transport Company

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Juan Luis Farrada**

\_\_\_\_\_  
(Name of Contact Person)

**Farsen Transport Company**

\_\_\_\_\_  
(Firm/Company)

**300 W Leeland Blvd.**

\_\_\_\_\_  
(Address)

**Lehigh Acres, FL 33936**

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**Juan L Farrada**

\_\_\_\_\_  
(Name of Contact Person)

at ( **305** ) **775-6908**

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$5 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

15 MAR 27 AM 9:35  
DEPARTMENT OF

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 13, 2015

Juan L. Farrada  
Farsen Transport Company  
300 West Leeland Blvd  
Lehigh Acres, FL 33936

SUBJECT: FARSEN TRANSPORT COMPANY  
Ref. Number: P06000086864

We have received your document for FARSEN TRANSPORT COMPANY and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 015A00003110

ARTICLES OF DISSOLUTION

FILED

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

2015 MAR 27 PM 1:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
Farsen Transport Company

SECOND: The document number of the corporation (if known): P06000086864

THIRD: The date dissolution was authorized: 01/27/2015

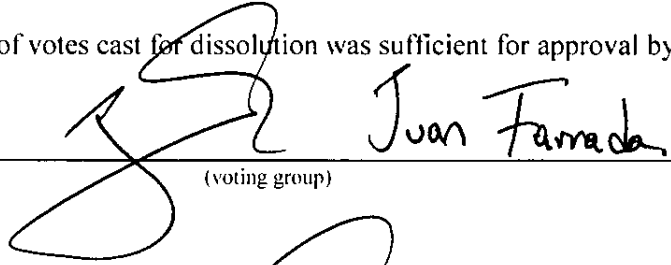
Effective date of dissolution if applicable: \_\_\_\_\_  
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)


- Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
- Dissolution was approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

  
\_\_\_\_\_  
(voting group)

Signature: \_\_\_\_\_  
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

  
\_\_\_\_\_  
(Typed or printed name of person signing)

President  
\_\_\_\_\_  
(Title of person signing)

Filing Fee: \$35

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Farsen Transport Company

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

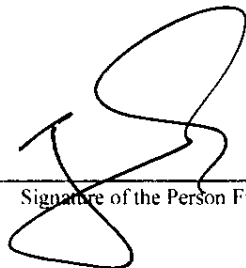
Company Closed.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

P.O. Box 22792, Hialeah, FL 33002  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Juan Ferrada  
Printed Name of the Person Filing

  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**