

#1 L04000087440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

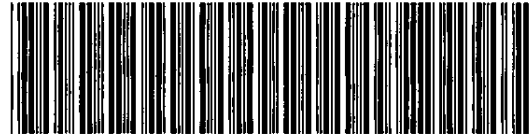
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/10/14--01010--009 **25.00

FILED
2014 JAN 10 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JAN 14 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALICIA ANGELINA 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:

STEVEN M ACKERMAN

(Name of Person)

ACKERMAN & NEWMAN PA

(Firm/Company)

7300 SW 140 AVENUE

(Address)

MIAMI, FL 33183

(City/State and Zip Code)

For further information concerning this matter, please call:

STEVEN M ACKERMAN at 305 663-0055
(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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

FILED

2014 JAN 10 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
ALICIA ANGELINA LLC
2. The Articles of Organization were filed on 12/09/2005 and assigned
document number L04000087440
3. The delayed effective date the dissolution if not effective on the date of filing: _____
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).

LOSS OF LEASE

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

JEAN MARC ROGLIANO SR

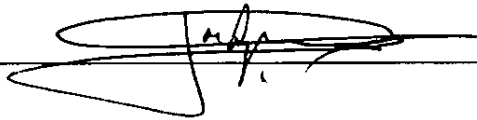
3544 ROCKERMAN ROAD

MIAMI, FL 33133

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

Printed Name



JEAN MARC ROGLIANO SR

FILING FEE: \$25.00