

24400098 III

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

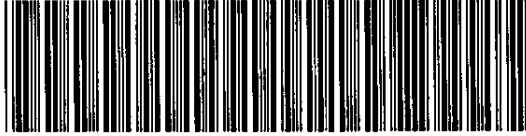
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000266169460

11/07/14--01006--005 **25.00

FILED
2014 NOV - 7 PM 3: 15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

NOV 10 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Algagi Ten, 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:

Alessandra Bianchini
(Name of Person)

(Firm/Company)

1450 SW 10th St., Suite 8
(Address)

Delray Beach, FL 33444
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Bianchini at (561) 878-3700
(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

STATE BAR OF FLORIDA
TALLAHASSEE, FLORIDA
2014 NOV - 7 PM 3: 15
FILED

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

1. The name of a limited liability company is

Algagi TEN, LLC

2. The Articles of Organization were filed on 06/19/2014 and assigned

document number 214000098111

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)

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).

no longer needed for business

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

Michael Bianchini

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

Michael Bianchini
Printed Name

FILING FEE: \$25.00

2014 NOV - 7 PM 3: 15
FILED
CLERK OF THE
SOUTH FLORIDA