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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ALTON NORTH AMERICA INC.
Account Number : I20100000010
Phone : (305)393-8662
Fax Number : (305)397-0323

LLC DISSOLUTION OR WITHDRAWAL
LIEBESKRIEGER LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$55.00

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2023 MAR -1 AM 11:19
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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MAR - 2 2023

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is **LIEBESKRIEGER LLC**

2. The Articles of Organization were filed on **01/03/2022** and assigned document number **L22000001830**

3. The date the dissolution was approved: **03/01/2023**

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)

   The Company is no longer active in the United States and is no longer needed.

5. 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:

M. Kruger
Signature

MATHIAS KRUGER (Authorized Member)
Printed Name

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Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

Limited Liability Company: **LIEBESKRIEGER LLC**
Document Number Limited Liability Company is: **L22000001830**
Date of dissolution was **March 1st 2023**

Description of information that must be included in a claim:

1. Date
2. Type
3. Amount

Mailing address where claims can be sent:

Mathias Kruger
Dorfstr. 37
24242 Felde

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

MATHIAS KRUGER

Printed Name of the Person Filing

M. Kruger

Signature of the Person Filing

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