109000/20319

(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:
special instructions to Filing Officer.

Office Use Only



900173375459

05/07/10--01009--017 **7.50

04/08/10--01015--018 **52.50

T. CLINE

MAY - 7 2010

EXAMINER

2010 MAY -6 AM 9:51



April 12, 2010

ED TREVISNNI JR. 419 CONESTOGA RD RADNOR, PA 19087

SUBJECT: ALTABELLA MANAGEMENT GROUP, LLC

Ref. Number: L09000120319

We have received your document for ALTABELLA MANAGEMENT GROUP, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 010A00008890

2010 MAY -6 AM 9: 51 SECRETARY OF STATE

www.sunbiz.org

COVER LETTER

	on Section of Corporations		
SUBJECT:	NLTABEUR	MANALSMENT GROUPILC	
	(Name of)	Limited Liability Company)	
The enclosed Artic	eles of Dissolution and fee(s) are su	ubmitted for filing.	
Please return all co	prrespondence concerning this matt	ter to the following:	
	~/ —		
	Ed I per	(Name of Person)	
		(Name of Person)	
		(Firm/Company)	
•	1119 0-		
_	7/7 CONE	(Address) PH 1908 > ty/State and Zip Code)	
	RANNOR	On 10005	
_	RADNOR,	ty/State and Zip Code)	
For further informa	ation concerning this matter, please	e call:	
Ea	TACVISANI	at (60) 293-930 8 (Area Code & Daytime Telephone Number)	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check f	or the following amount:		
\$25.00 Filing Fee	30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
		2010 SE(
	MAILING ADDRESS:	STREET/COURIER ADDRESS:	Í
Registration Section Division of Corporations		Registration Section SSA Division of Corporations	THE PERSON
P.O. Box 6327		Clifton Building	Π
Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301	آر.

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is		_	
ALTABELLA MANA	6915NT	GROUP	, uc
2. The Articles of Organization were filed on 12, L09000130319.	116/09	and assigned c	locument number
3. The date the dissolution was approved:	2043/301	<u>0_</u> .	
4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back cov	ed liability company's ver letter).	dissolution pursuar	nt to section
A G-RESMENT BY ACC	PRIGTIE	3 FUR	
1950LUTION			
			
5. CHECK ONE:			÷
All debts, obligations and liabilities of the lin	mited liability compar	y have been paid o	r discharged.
OR- Adequate provision has been made for the de	ebts, obligations and l	iabilities pursuant to	o s. 608.4421.
6. All remaining property and assets have been distribut rights and interests.	ted among its member	s in accordance wit	h their respective
7. CHECK ONE;			
There are no suits pending against the compa	any in any court.		
Adequate provision has been made for the sa entered against it in any pending suit.	itisfaction of any judg	ment, order or decre	ee which may be
<i>y</i> , , ,			
gnatures of the members having the same percentage of i	membership interests	necessary to approv	
Signature		Printed Name	MAY AHA
8	E	mund Tra	SSE -6
			ES 10
	RON	4LD 1. 7	MOVI SIGN
<u> </u>			, , , , , , , , , , , , , , , , , , ,