

L11 000113472

(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



400265415124

10/16/14--01011--003 \*\*25.00

FILED  
14 OCT 16 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers OCT 20 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Law offices of Alessandra M. Bianchini, P.C.  
(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)  
Law offices of  
Alessandra M. Bianchini, P.C.  
(Firm/Company)  
1450 SW 10th St., suite 8  
(Address)  
Delray Beach, FL 33414  
(City/State and Zip Code)

For further information concerning this matter, please call:

Alessandra Bianchini at (561) 644-2094  
(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

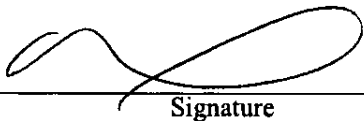
**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is Law Offices of  
Alessandra M. Bianchini, P.L.
2. The Articles of Organization were filed on 10/4/2011 and assigned  
document number 45-3528578
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).

lack of business / clients

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

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

Alessandra Bianchini  
Printed Name

**FILING FEE: \$25.00**

FILED  
14 OCT 16 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA