# L04000039435

| (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: |   |  |
| A. LUNT                                 |   |  |
| APR <b>2 7</b> 2009                     |   |  |
| EXAMINER                                |   |  |

Office Use Only



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04/24/09--01025--029 \*\*60.00

SECRETARY OF STATE FALLAHASSEE, FLORIDA

FILED

# **COVER LETTER**

| TO: Registration Section Division of Corporations                                                                                                                    |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| SUBJECT: ALF Enterprises, 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:                                                                                            |  |  |  |  |
| A                                                                                                                                                                    |  |  |  |  |
| Chris Alflen                                                                                                                                                         |  |  |  |  |
| (Name of Person)                                                                                                                                                     |  |  |  |  |
|                                                                                                                                                                      |  |  |  |  |
| (Firm/Company)                                                                                                                                                       |  |  |  |  |
| 2911 122nd Terrace East                                                                                                                                              |  |  |  |  |
| ` '                                                                                                                                                                  |  |  |  |  |
| Rarrish FL 34219 (City/State and Zip Code)                                                                                                                           |  |  |  |  |
| (City/State and Zip Code)                                                                                                                                            |  |  |  |  |
| For further information concerning this matter, please call:                                                                                                         |  |  |  |  |
| Chris Alflen at 813,598-0985  (Name of Person) (Area Code & Daytime Telephone Number)                                                                                |  |  |  |  |
|                                                                                                                                                                      |  |  |  |  |
| Enclosed is a check for the following amount:                                                                                                                        |  |  |  |  |
| \$25.00 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  (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                                                     |                                                               |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| ALF Enterprise                                                                                    | 5, 66                                                         |
|                                                                                                   | y 24 <sup>th</sup> , 2004 and assigned document number        |
| 3. The date the dissolution was approved:                                                         | 20/2009                                                       |
| 608.441, Florida Statutes, (copy 608.441 on back                                                  |                                                               |
| Inactive                                                                                          |                                                               |
|                                                                                                   |                                                               |
|                                                                                                   |                                                               |
|                                                                                                   | HE IP R                                                       |
| 5. CHECK ONE:                                                                                     | 24<br>NRY<br>SSE                                              |
|                                                                                                   | limited liability company have been paid or discharged.       |
| C V) D C C C C C C C C C C C C C C C C C C                                                        | e debts, obligations and liabilities pursuant to \$308.4421.  |
| <ol> <li>All remaining property and assets have been distri-<br/>rights and interests.</li> </ol> | buted among its members in accordance with their respective   |
| 7. CHECK ONE;                                                                                     |                                                               |
| There are no suits pending against the cor                                                        | npany in any court.                                           |
| OR- Adequate provision has been made for the entered against it in any pending suit.              | e satisfaction of any judgment, order or decree which may be  |
| Signatures of the members having the same percentage                                              | of membership interests necessary to approve the dissolution: |
| Signature /                                                                                       | Printed Name                                                  |
| Osal                                                                                              | Chris Alflen                                                  |
| Delleg Alfler.                                                                                    | KellyPifien                                                   |
|                                                                                                   |                                                               |
| <u> </u>                                                                                          |                                                               |
|                                                                                                   |                                                               |
|                                                                                                   |                                                               |