104000053231

(De	equestor's Name)			
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(Cit	ty/State/Zip/Phon			
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PICK-UP	☐ WAIT	MAIL		
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/ (Do	cument Number)	1		
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Dissolution	 -
DOCUMENT NUMBER: 104000053231	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
William R. Black	
(Name of Contact Person)	
Black Fisher, P.A.	
(Firm/Company)	
2691 E. Oakland Park Blvd. Suite 402 (Address)	
Ft. Lauderdale, FL 33306	70071 17011
(City/State and Zip Code)	AHAS
For further information concerning this matter, please call:	1 PH
Gail Fisher at (954) 561-2233	TATE ORNO
(Name of Contact Person) (Area Code & Daytime Tele	phone Number)
Enclosed is a check for the following amount:	
■ \$35 Filing Fee ■ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee & □ \$643.75 Filing Fee & □ \$52.50 Filing Fee & □ \$643.75 F	of Status & opy
MAILING ADDRESS: Amendment Section Division of Corporations STREET ADDRESS Amendment Section Division of Corporations Division of Corporations	ı.

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

COVER LETTER

	ntion Section of Corporations	•	
SUBJECT:	Alliance Referral Netwo	rk, LLC	
	(Name of	Limited Liability Company)	
The enclosed Art	ticles of Dissolution and fee(s) are s	ubmitted for filing.	
Please return all	correspondence concerning this mat	ter to the following:	
	William R. Black	(Name of Person)	
	Black Fisher, PA		
	<u> </u>	(Firm/Company)	
			TAS IS
	2691 E. Oakland Park E	Soulevard #402	2001 HAR -1 SECRETAR TALLAHASS
		(Address)	\$ 5 5 mm
			(SS)
		33306	—— Mo -
	(C	ity/State and Zip Code)	
	,		PH 1: 48 OF STATE EE, FLORID
For further infor	mation concerning this matter, pleas	e call:	
Gail	M. Fisher	at (954) 561-	-2233
_ 	(Name of Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a chec	k for the following amount:		
∑ \$25.00 Filing Fe	ce 30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS: Registration Section	STREET/COU Registration Sec	RIER ADDRESS:
	Division of Corporations	Division of Corp	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive	

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

Alliance Referral Network, LLC	
2. The Articles of Organization were filed on	AA and assigned document numb
·	did assigned document fiding
104000053231	
2 The late of the relation was appropriate. Only have 6	2004
3. The date the dissolution was approved: <u>October 6</u>	•
4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back cover	letter).
As there are no longer any members of t	he limited liability company ?
	HE R
,	SSE -
	H F
·	
5. CHECK ONE:	
All debts, obligations and liabilities of the limit	ted liability company have been paid or discharged.
Adequate provision has been made for the debt	ts, obligations and liabilities pursuant to s. 608.4421.
6. All remaining property and assets have been distributed rights and interests.	among its members in accordance with their respecti
7. CHECK ONE:	
X There are no suits pending against the company	v in any court.
OR-	
entered against it in any pending suit.	sfaction of any judgment, order or decree which may
gnatures of the prembers having the same percentage of me	ambarchin interests necessary to approve the discolution
gradules of the tachibers having the same percentage of me	moetsing interests necessary to approve the dissertant
Signature	Printed Name
	• • • • • • • • • • • • • • • • • • • •
Max Sta	William R. Black
program X	•
- Dayson X	•