

LD4 000065784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

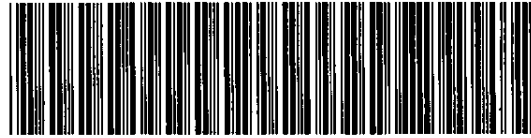
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

OCT 16 2012

EXAMINER



000240480270

10/15/12 --01033--019 *\$60.00

FILED
12 OCT 15 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE ALPINE COMPANY LLC

Gary & Stacy Barber
Co Owners The Alpine Co. LLC
2506 W. Socrum Loop Rd
Lakeland, FL 33810
863-858-8654

October 12, 2012

Florida Dept. of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

It is our wish to dissolve our Company, "THE ALPINE COMPANY, LLC".
Please use the above referenced address & phone number for the requested
information.

Should you need anything further, please do not hesitate to contact me.

Thank you for your time,

A handwritten signature in cursive script that reads "Stacy Barber".

Stacy Barber

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

1. The name of a limited liability company is

The Alping Company LLC

2. The Articles of Organization were filed on 9/3/2004 and assigned document number

L04000065784

3. The date the dissolution was approved: 10-12-2012

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

upon written consent of all members of the
limited liability company.

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

Gary Barber
Stacy Barber

Gary D. Barber
Stacy J. Barber

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The ALPine Company 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:

Stacy Barber
(Name of Person)

The ALPine Company LLC
(Firm/Company)

2506 W Sacrum Loop Rd
(Address)

Lakeland FL 33810
(City/State and Zip Code)

For further information concerning this matter, please call:

Stacy Barber
(Name of Person)

at (863) 858 8654
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ 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
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