

L05000058091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

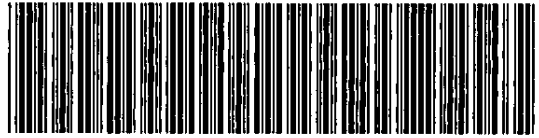
(Business Entity Name)

(Document Number)

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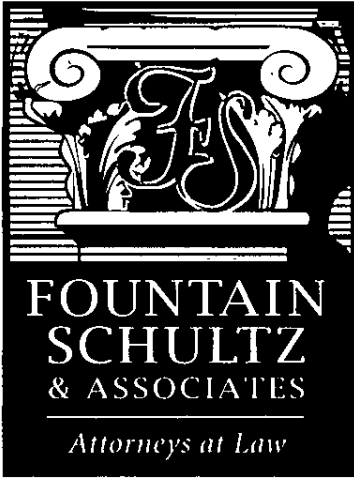
10 APR 30 AM 8:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

MAY -3 2010

EXAMINER



KENNETH R. FOUNTAIN  
KERRY ANNE SCHULTZ  
SCOTT C. BRIDGFORD

2045 FOUNTAIN PROFESSIONAL CT.  
SUITE A  
NAVARRE, FLORIDA 32566  
TEL: (850) 939-3535  
FAX: (850) 939-3539

SANTA ROSA BEACH  
TEL: (850) 622-2700  
FAX: (850) 622-2722

April 28, 2010

**VIA REGULAR U.S. MAIL**

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

**Re: Alternative Concepts, L.L.C.**

Dear Sir or Madam:

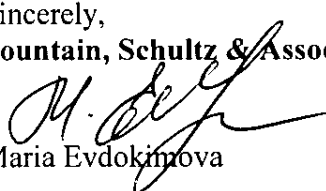
Enclosed please find the following instruments:

1. Cover letter;
2. Original and one copy of the Articles of Dissolution of Alternative Concepts, L.L.C.; and
3. Check #006109 in the amount of \$25.00 for filing the Articles of Dissolution.

Please return a filed copy to me in the enclosed pre-addressed, stamped envelope.

Should you have any questions, please advise. Thank you for your assistance in this matter.

Sincerely,  
**Fountain, Schultz & Associates, P.L.**

  
Maria Evdokimova

Enclosures

**FILED**  
**10 APR 30 AM 8:18**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALTERNATIVE CONCEPTS, L.L.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:

KERRY ANNE SCHULTZ, ESQUIRE

(Name of Person)

FOUNTAIN, SCHULTZ & ASSOCIATES, P.L.

(Firm/Company)

2045 Fountain Professional Ct., Suite A

(Address)

Navarre, FL 32566

(City/State and Zip Code)

For further information concerning this matter, please call:

Kerry Anne Schultz, Esq.

(Name of Person)

at ( 850 ) 939-3535

(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

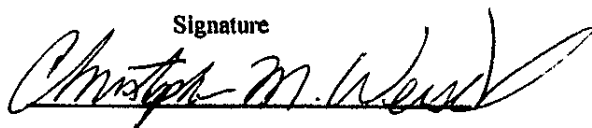
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED  
10 APR 30 AM 8:18  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310-0004

1. The name of a limited liability company is  
ALTERNATIVE CONCEPTS, L.L.C.
2. The Articles of Organization were filed on 06/10/2005 and assigned document number L05000058091.
3. The date the dissolution was approved: 12/31/2009.
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).  
(b) Upon the occurrence of events specified in the articles of organization or operating agreement.
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  
CHRISTOPHER M. WEISEL

FILING FEE: \$25.00