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T. CLINE
APR 2.9 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ALARIES PRO TOWING AND TRANSPORT, 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:
JONATHAN ALARIE
(Name of Person)
(Firm/Company)
11705 164th Court North
(Address)
Jupiter, FL 33478 (City/State and Zip Code) (Address) (City/State and Zip Code)
Jupiter, FL 33478 (City/State and Zip Code) (City/State and Zip Code)
For further information concerning this matter, please call:
JONATHAN ALARIE at (561) 748-9564
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certificate of Status \$60.00 Filing Fee, Certificate of Status & Certificate of Status &

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

 The name of a limited liability company is ALARIES PRO TOWING AND TRA 	ANSPORT, LLC
2. The Articles of Organization were filed on OC L05000106011	TOBER 31, 2005 and assigned document number
3. The date the dissolution was approved: FEBR	RUARY 1, 2009
4. A description of occurrence that resulted in the li 608.441, Florida Statutes, (copy 608.441 on back	imited liability company's dissolution pursuant to section k cover letter).
All the members agree to dissolve conducting business.	e the company due to no longer
Adequate provision has been made for the first of the control of t	the limited liability company have been paid of discharged the debts, obligations and liabilities pursuant to s. 608.442 the ributed among its members in accordance with their respective to approve the dissolution of membership interests necessary to approve the dissolution
Signature	Printed Name
Janton Ol	JONATHAN ALARIE