

L06000084240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

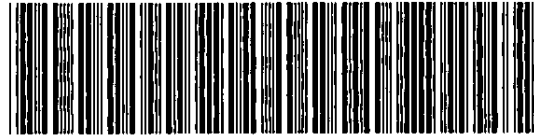
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

JUL - 1 2013
A. LUNT

Office Use Only



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07/02/13--01001--014 **25.00

IF ONE PARTY OF STATE
HALLMARKS SEE FLORIDA

2013 JUN 28 PM 3 22

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2013

TIMOTHY ALLORE
613 SCHOOLHOUSE RD
LAKELAND, FL 33813

SUBJECT: ALLIMAX, LLC
Ref. Number: L06000084240

2013 JUN 28 PM 3 22
RECEIVED
DIVISION OF STATE
TALLAHASSEE, FLORIDA

FILED

We have received your document for ALLIMAX, LLC and your check(s) totaling \$430.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are returning your check for \$430.00 to be replaced by one in the correct amount of \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 313A00014291

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Allimax, 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:

Timothy Allore

(Name of Person)

Allimax, LLC

(Firm/Company)

613 Schoolhouse Rd.

(Address)

Lakeland, FL 33813

(City/State and Zip Code)

For further information concerning this matter, please call:

Tim Allore

(Name of Person)

863

646-7665

at (

) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

p \$25.00 Filing Fee

p \$30.00 Filing Fee &
Certificate of Status

p \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

p \$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

2013 JUN 28 PM 3:22
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

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

1. The name of a limited liability company is
Allimax, LLC

2. The Articles of Organization were filed on 08/25/2006 and assigned document number
L06000084240

3. The date the dissolution was approved: 02/19/2013

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).

Selling property

FILED
2013 JUN 28 PM 3:22
CLERK OF STATE
TALLAHASSEE, FLORIDA

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.

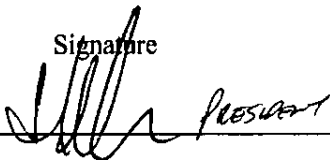
7. CHECK ONE:

- ☒ 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

 PRESIDENT

Timothy Allore