106000095499

(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ddress)	,			
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	usiness Entity Nar	me)			
(Document Number)					
Certified Copies	_ Certificate	s of Status			
Special Instructions to Filing Officer:					
	·				

Office Use Only



300370771013

2021 AUG 30 AH 11: 49

2021 & @ 30 AM 9: (



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	08/30/2021	- .					
Name:	Merritt Walk	er					
Reference	#:146046	3					
	e:ALL		GEMENT, LLC				
	les of Incorporation/Au						
☐ Ame	Amendment						
☐ Char	Change of Agent						
☐ Rein	Reinstatement						
Con	version						
☐ Mero	ger						
✓ Dissolution/Withdrawal							
Fictit	ious Name						
☐ Othe	er						
Authorized	Amount:	\$25	_				
Signature:	т	w					

F: B00.944.6607

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

I.	The name of a limited liability c	ompany is					
		Alliant Management, LLC					
2.	The Articles of Organization we	re filed on	September 28, 200	06 and assign	ned		
	document numberL06	000095499					
3.	3. The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.						
4.	A description of occurrence that 605.0707, Florida Statutes, (copy	resulted in the 605.0707 on	e limited liability compa back cover letter).	ıny's dissolution pı	ursuant to section		
	Ninet	y (90) conse	cutive days have pa	issed	<u>-</u> _		
	during	which the c	ompany has no mer	nbers.			
5.	If there are no members, enter the activities and affairs:	e name and ad	ldress of the person appo Katie Balder		he company3	امن سو ا و	
			c/o Alliant Capi	ital, Ltd.	E 30	A STATE OF THE PARTY OF THE PAR	
			21600 Oxnard Stree	t, Suite 1200	SSE E	6	
	<u>-</u>		Woodland Hills, 0	CA 91367	STEEL 29: 57	ı	
6. lis	Signature of an authorized personted above to wind up the compan	n or if there ar y's activities a	e no members, the signa and affairs:	ature of the person	appointed and		
,			Ka	atie Balderrama			
<u>~</u> /	Signature			Printed Name			

FILING FEE: \$25.00