

LD0000113734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

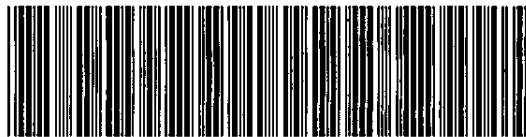
Special Instructions to Filing Officer:

L. SELLERS

MAR 29 2010

EXAMINER

Office Use Only



300171864013

03/15/10--01009--011 **35.00

FILED

10 MAR 26 PM 4:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALEX NURSERY 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:

GEMA HERNANDEZ
(Name of Person)

16961 SW 212 LN
(Firm/Company)

MIAMI FL 33187
(Address)
(City/State and Zip Code)

For further information concerning this matter, please call:

GEMA HERNANDEZ at (786) 258 1885
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> 30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2010

GEMA HERNANDEZ
16961 SW 213 LANE
MIAMI, FL 33187

SUBJECT: ALEX NURSERY LIMITED LIABILITY COMPANY
Ref. Number: L06000113734

We have received your document for ALEX NURSERY LIMITED LIABILITY COMPANY and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 510A00006627

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

1. The name of a limited liability company is

ALEX NURSERY LLC

2. The Articles of Organization were filed on 11-17-2006 and assigned document number

LC06000113734

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).

THE COMPANY DOES NOT HAVE
ANY PROFIT AND WE CAN NOT
CONTINUE SUPPORTING THE COST
OF DOING BUSINESS.

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

Gema Hernandez
Jorge Hernandez

Printed Name

GEMA HERNANDEZ
JORGE HERNANDEZ

FILING FEE: \$25.00

FILED
10 MAR 26 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA