

LD8 000090516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

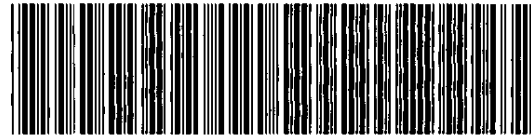
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800183954108

08/12/10--01011--006 **30.00

FILED
2010 AUG 20 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

AUG 23 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2010

ALYSSA FERNANDEZ
735 W 78 ST
HIALEAH, FL 33014

SUBJECT: ALY, LLC
Ref. Number: 800183954108

Our records show no entity by this name.

The document must contain the effective date of the limited liability company's dissolution.

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 210A00019512

2010 AUG 20 AM 10:13
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STATE
SECRETARY
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOVEALY, 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:

Alyssa Fernandez

(Name of Person)

LOVEALY, LLC

(Firm/Company)

735 W 78 St

(Address)

Hialeah, FL, 33014

(City/State and Zip Code)

For further information concerning this matter, please call:

Alyssa Fernandez

(Name of Person)

at (

305

(Area Code & Daytime Telephone Number)

904-0106

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 AUG 20 AM 10:13

FILED

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

1. The name of a limited liability company is

LOVEALY, LLC

2. The Articles of Organization were filed on 9/23/08 and assigned document number L08000090516.

3. The date the dissolution was approved: 8/10/08.

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).

Went out of 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.

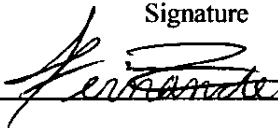
6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

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



Printed Name

Alyssa Fernandez

FILING FEE: \$25.00