

LO8000114236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

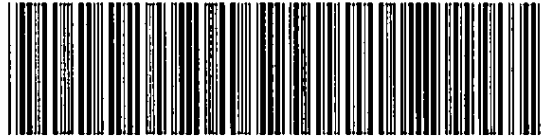
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/29/18--01010--009 \*\*25.00

FILED  
18 MAY 29 AM 10:30  
SECRET  
MAY 29 2018

○ SIMMONS  
MAY 31 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TEAM BIG ALS 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:

ALFRED CERDA

(Name of Person)

TEAM BIG ALS LLC.

(Firm/Company)

8441 NW 172 Street

(Address)

MIAMI FLA 33015

(City/State and Zip Code)

For further information concerning this matter, please call:

ALFRED CERDA

(Name of Person)

at (

786 ) 301-3767

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &  
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

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

1. The name of a limited liability company is

TEAM BIG ALS LLC

2. The Articles of Organization were filed on 12/16/2008 and assigned

document number L 08000114236

3. The delayed effective date the dissolution if not effective on the date of filing: 5/24/18  
(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 resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

State Suspended my Driver License Due to child Support/  
Alimony Payments that are on a judges Hearing Date AUG 17, 2018  
for Recalculations of payments. Cannot Drive  
AND OR be able to keep company opened. Due to this.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18 MAY 29 AM 11:30  
FILED

6. Signature of an authorized person or if there are no members, the signature of the person appointed listed above to wind up the company's activities and affairs:

Alfred

Signature

ALFRED CERDA

Printed Name

**FILING FEE: \$25.00**