109000098663

(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:							

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SECRETARY OF STATE
ASSEE FLORIDA

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COVER LETTER

TO:

Registration Section
Division of Corporations

HRIFCT:

ALAIMO CONSULTING, 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:

NIOVES PORTILLO (Name of Person) ALAIMO CONSULTING, LLC (Firm/Company) 7925 NW 12TH STREET STE 401 (Address) DORAL, FL. 33126 (City/State and Zip Code)

For further information concerning this matter, please call:

NIOVES PORTILLO

,,305 \854`\$

(Name of Person)

(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



May 2, 2017

NIOVES PORTILLO 7925 NW 12TH STREET STE 401 DORAL, FL 33126

SUBJECT: ALAIMO CONSULTING, LLC

Ref. Number: L09000098663

We have received your document for ALAIMO CONSULTING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), 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) 245-6051.

Letter Number: 617A00008563

Jenna D Harris Regulatory Specialist II

2011 MAY 15 AM 10: 54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

		a limited liabili NSULTING, LL				······································	
2. 1	The Articles o	of Organization	were filed on	······················	and assigned		
C	document nur	nber <u>L0900009</u>	8663				
	Note: If the d	late inserted in th	ne dissolution if not effecti date cannot be prior to or more t his block does not meet the ap ive date on the Department of	plicable statutory filing re	04/10/2017 ocument is receive	red for filing) s date will not be	:
4. <i>A</i>	A description 05.0707, Flo.	of occurrence rida Statutes, (c	that resulted in the limited copy 605.0707 on back cov	liability company's dis ver letter).	ssolution pursu	uant to section	
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	f there are no activities and		er the name and address of	the person appointed to	•	company's	
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6. S liste	Signature of a ed above to w	n authorized prind up the com	erson or if there are no me pany's activities and affai	mbers, the signature of rs:	the person app	pointed and	
	2			Calogero Alaim	0	SECRETA	
	<u>~</u>	Signature		Printed		₹	
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