## #L/000019284

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## **COVER LETTER**

Division of Corporations	
SUBJECT: ALPHA ReNUL	d Liability Company)
The enclosed member, managing member or n filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
JUHN A. Radd m (Contact Person)	BR
Alpha Removations	••
914 Poplan Dr. (Address)	
Althornate Springs Flo. (City State and Zip Code)	32714
For further information concerning this matter,	please call:
(Name of Contact Person)	at ( <u>447</u> ) <u>862-//9/</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
CR2E079 (5/06)	
et area	

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED 11 JAN 31 AMII: 13

1. The name of a limited liability company is  A PHA Rene Vations	SECRETARY OF STATE FALLAHASSEE, FLORIDA
2. The Articles of Organization were filed on <u>Feb-19</u> <u>L 100000 19 184</u>	
3. The date the dissolution was approved: 1 - 25 - 1  4. A description of occurrence that resulted in the limited lial 608.441, Florida Statutes, (copy 608.441 on back cover le	bility company's dissolution pursuant to section tter).
<ul> <li>6. All remaining property and assets have been distributed ar rights and interests.</li> <li>7. CHECK ONE:  There are no suits pending against the company in OR-</li> </ul>	obligations and liabilities pursuant to s. 608.4421. mong its members in accordance with their respective
Signatures of the members having the same percentage of members	pership interests necessary to approve the dissolution:
Signature Sahala	Jonn A. Redd
IRed flot	ROBERT FELDMAN