L10000/08777

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

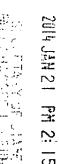




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JAN 24 2014 I' CLINE



COVER LETTER

Division of Corporations
SUBJECT: Alpha Source LLC (Name of Limited Liability Company)
(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:
Sheila Neumann (Name of Person)
(Name of Person)
Alpha Source, DBA Player's Paradise (Firm/Company)
(Firm/Company)
5450 Park Rd #3 (Address) Fort Myers FL 33908
(Address)
Fort Myers FL 33908 (City/State and Zip Code)
(City/State and Zip Code)
(City/State and Zip Code) For further information concerning this matter, please call:
Sharla Jerman at (419) 276 0535 (Name of Person) (Area Code & Daytime Telephone Number)
(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:

TO:

Registration Section

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.	1. The name of a limited liability company is		
	Alpha Source, LLC		
2.	The Articles of Organization were filed on 10/19/2010 and assigned document number 10000/08777		
3.	The delayed effective date the dissolution if not effective on the date of filing:		
4.	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). Classing due += Arcade law changes.		
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Shala Peumann Syso Park Rd #3 Fort Myus, FL 33908		
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:		
	Signature Printed Name Signature		
0	Sheila Meumann Sheila Meumann		

FILING FEE: \$25.00