

LINDO 062889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

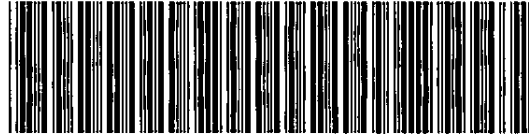
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Office Use Only

EFFECTIVE DATE

12/31/14



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FILED

2014 DEC 31 PM 3:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAN 14 2015
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALTERNA SPORTS GROUP, 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:

Michael Greenberg

(Name of Person)

Ventures Edge Legal PLLC

(Firm/Company)

6647 SW 65th Terr.

(Address)

Miami FL 33143

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Greenberg

(Name of Person)

at (305) 667-3002
(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

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TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is
ALTERNA SPORTS GROUP, LLC
2. The Articles of Organization were filed on 5/27/2011 and assigned
document number L11000062889
3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2013
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
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).
The consent of all the members in accordance with Florida Statutes
Section 605.0701(2).
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:

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

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TALLAHASSEE FLORIDA

_____ Signature	Member	_____ Printed Name
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FILING FEE: \$25.00

EFFECTIVE DATE 12/31/14