

41000077384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

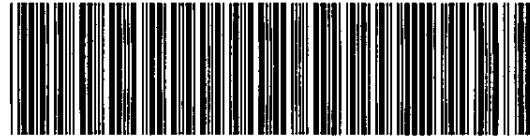
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 12 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alpha Fingerprinting

(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:

Christal Becton

(Name of Person)

Alpha Fingerprinting

(Firm/Company)

11007 N. 56th St. Suite T

(Address)

Temple Terrace, Florida 33617

(City/State and Zip Code)

For further information concerning this matter, please call:

Christal Becton

(Name of Person)

813 929-7067

(Area Code & Daytime Telephone Number)

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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
Alpha Fingerprinting Co.
2. The Articles of Organization were filed on 2011 and assigned
document number L11000077384
3. The delayed effective date the dissolution if not effective on the date of 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).
No longer in business
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Christal Becton
11007 N. 56th St. Suite 212
Temple Terrace, FL. 33617
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:

Signature

Printed Name

Christal Becton



Christal Becton

FILING FEE: \$25.00

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