

L13000135657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

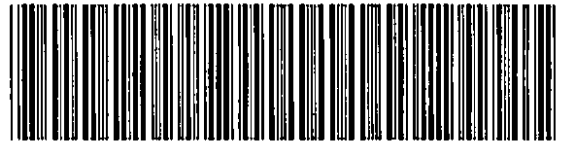
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D BRUCE  
SEP 05 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALIKA, 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:

ALICIA SUSANA GROISMAN

(Name of Person)

(Firm Company)

16464 NE 33rd Ave

(Address)

North Miami Beach, FL 33160

(City State and Zip Code)

For further information concerning this matter, please call:

Alicia or Gustavo

(Name of Person)

at ( 305 ) 761-0667

(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

STATE OF FLORIDA  
TALLAHASSEE, FL 32301

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

1. The name of a limited liability company is  
ALIKA, LLC

2. The Articles of Organization were filed on 9/25/2013 and assigned  
document number L13000135657

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be  
listed as the document's effective date on the Department of State's records.

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 Company is 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: \_\_\_\_\_

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

ALICIA SUSANA GROISMAN  
\_\_\_\_\_  
Printed Name

**FILING FEE: \$25.00**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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