

L13000172568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

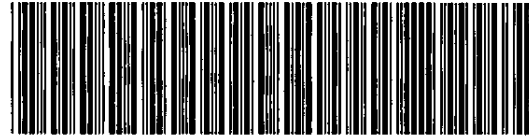
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/08/14--01006--018 **55.00

FILED

2014 MAY 23 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Guitan

MAY 23 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALCOTT LIMITED 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:

ALEX ORTIZ, CPA

(Name of Person)

SUAREZ, ORTIZ & VEGA, CPA'S, PL

(Firm/Company)

354 SEVILLA AVE

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

ALEX ORTIZ

(Name of Person)

at (305) 448-5255
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 14, 2014

ALEX ORTIZ, CPA
SUAREZ, ORTIZ & VEGA, CPAS PL
354 SEVILLA AVENUE
CORAL GABLES, FL 33134

SUBJECT: ALCOTT LIMITED LLC
Ref. Number: L13000172568

We have received your document for ALCOTT LIMITED LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Dissolution was received on 05/08/14.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 614A00010366

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2014 MAY 23 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
ALCOTT LIMITED LLC

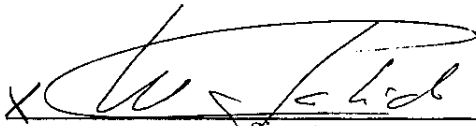
2. The Articles of Organization were filed on 12/13/2013 and assigned
document number L13000172568

3. The delayed effective date the dissolution if not effective on the date of filing: 5/30/14
(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).
(c) upon the written consent of all the members of the limited liability company.
- _____
- _____
- _____

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:

X 
Signature

X MANUEL SABIDO
Printed Name

FILING FEE: \$25.00