

L 14 0000 91554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

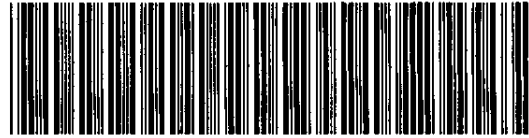
(Business Entity Name)

(Document Number)

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

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10/31/14--01010--008 \*\*25.00

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14 OCT 31 AM 8:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers NOV 03 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALVAMORE INTERNATIONAL, 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:

DORCAS TROCHE  
(Name of Person)  
RCG ACCOUNTING & ASSOCIATES, INC.  
(Firm/Company)  
9000 SHERIDAN STREET SUITE 138  
(Address)  
PEMBROKE PINES, FL 33024  
(City/State and Zip Code)

For further information concerning this matter, please call:

DORCAS TROCHE at ( 954 ) 862-2222  
(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)

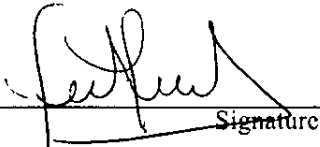
**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**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  
ALVAMORE INTERNATIONAL LLC
2. The Articles of Organization were filed on 05/20/2014 and assigned  
document number L14000081554
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)
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).  
DEATH OF MANAGING MEMBER, HUMBERTO ALVAREZ. THE REMAINING  
MEMBER HAS ELECTED TO VOLUNTARILY DISSOLVE THE 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:

  
Signature

LUZ ALVAREZ  
Printed Name

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 OCT 31 AM 8:57  
FILED

**FILING FEE: \$25.00**