(Requestor's Name)	
(Address)	400304663424
(Address)	100001000121
(City/State/Zip/Phone #)	10/19/1701016008 **30.00
(Business Entity Name)	
(Document Number)	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 7, 2017

GOLOVKOV ALEXEY 2ND REQUEST 619 N GRANDVIEW AVE 2 DAYTONA BEACH, FL 32118

SUBJECT: AGALLIANCE LLC Ref. Number: L14000095461

We have received your document for AGALLIANCE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete #4 of application.

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.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 417A00021223

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Division of Comparations, D.O. DOV 0227 Well-houses, Els de 20214

	ARTICLES OF DISSOLUTION
	FOR A LIMITED LIABILITY COMPANY
1. The name of a limited lia AGALLIANCE LLC	ability company is
2. The Articles of Organiza	and assigned
document number	
Note: If the date inserted	te the dissolution if not effective on the date of filing: $\frac{1.01.2017}{1.01.2017}$ tive date cannot be prior to or more than 90 days later than date document is received for filing in this block does not meet the applicable statutory filing requirements, this date wi ffective date on the Department of State's records.
605.0707, Florida Statute	nce that resulted in the limited liability company's dissolution pursuant to s s, (copy 605.0707 on back cover letter).
	got Slow No reason to stay
	got slow no reason to stay
Business	got slow no reason to stay
Business Open atth	got slow no reason to stay
Business Open at the 5. If there are no members,	got Slow No reason to stay is time enter the name and address of the person appointed to wind up the compan
Business Open at the 5. If there are no members,	got Slow No reason to stay is time enter the name and address of the person appointed to wind up the compan GOLOVKOV ALEXEY

Eignature

Golovlov Alexey Printed Name \_\_\_\_

FILING FEE: \$25.00

## Notice of Limited Liability Company Dissolution

## NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: AGALLIANCE LLC	
Document number of Limited Liability Company is: L14000095461	
Date of dissolution was: 1.01.2017	

Description of information that must be included in a written claim:

## NOT BUSINES THIS TIME.LOST WORKERS.ECONOMIC SLOV

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

## 619.N.GRANDVIEW.AVE.#2 DAYTONA BEACH FL 32118

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

**GOLOVKOV ALEXEY** 

Printed Name of the Person Filing

2

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00