

L15000018653

(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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Office Use Only



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11/19/15--01022--006 **55.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 NOV 19 AM 11:07

FILED

K. SALLY
EXAMINER
NOV 23 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dissolution of LLC

DOCUMENT NUMBER: Dis-321113 L15000018653

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Freddy Largo
(Name of Contact Person)

Alfred Services LLC
(Firm/Company)

1149 S. Volusia Ave.
(Address)

Orange city FL 32763
(City/State and Zip Code)

For further information concerning this matter, please call:

Freddy Largo at (407) 431-1642
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☒ \$55 Filing Fee &
Certified Copy

(Additional copy is enclosed)

☐ \$60 Filing Fee,
Certificate of Status &

Certified Copy

(Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
2015 NOV 19 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Alfred Services LLC

2. The Articles of Organization were filed on electronic and assigned

document number L15000018653

3. The delayed effective date the dissolution if not effective on the date of filing: 11/13/15
(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.

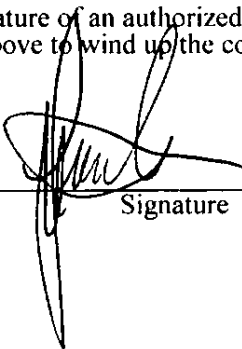
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

NO sales, NO profit. NO debt.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Freddy Larrago

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

Freddy Larrago
Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

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: Alfred Services LLC

Document number of Limited Liability Company is: _____

Date of dissolution was: 11/13/15

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

close store. Assets divided between
both owners. Value \$3.123

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

P.O Box 740793
Orange City FL 32763

FILED
2015 NOV 19 AM 11:07
CLERK OF STATE
TALLAHASSEE, FLORIDA

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.

Freddy Lugo
Printed Name of the Person Filing

[Signature]
Signature of the Person Filing