

L15000068009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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16 JAN 25 PM 1:16  
TALLAHASSEE, FLORIDA

JAN 27 2016

RECEIVED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **ALPANEMA, 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:

**MANUEL TRUJILLO**

(Name of Person)

**ALPANEMA, LLC**

(Firm/Company)

**6630 CENTRAL AVENUE**

(Address)

**ST. PETERSBURG, FL 33707**

(City/State and Zip Code)

For further information concerning this matter, please call:

**MANUEL TRUJILLO**

(Name of Person)

at **321 287-4670**

(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

ALPANEMA, LLC

2. The Articles of Organization were filed on 04/20/2015 and assigned

document number L15000068009

3. The delayed effective date the dissolution is 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).

605.0701(2) - All of the members of the LLC have agreed to dissolve the LLC

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

MANUEL TRUJILLO

Printed Name

**FILING FEE: \$25.00**

16 JAN 25 PM 1:16  
ALLAHBASSI, LONIBA

## 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: ALPANEMA, LLC

Document number of Limited Liability Company is: L15000068009

Date of dissolution was: OCTOBER 26, 2015

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

Name of Creditor

Invoices or other acceptable proof of debt

Amount of Debt Claimed

Address for payment

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

ALPANEMA, LLC

c/o: MANUEL TRUJILLO

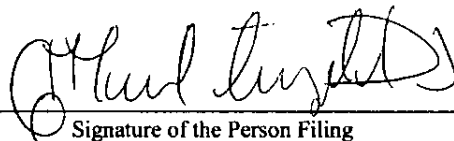
6630 CENTRAL AVENUE

ST. PETERSBURG, FL 33707

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.

MANUEL TRUJILLO

Printed Name of the Person Filing

  
Signature of the Person Filing