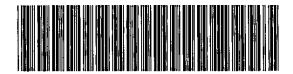
115000124954

(Requestor's Name)				
(Ad	dress)			
(Address)				
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				
		<u>:</u>		

Office Use Only



400278510844

11/06/15--01013--010 **25.00

2015 NOV -6 PM 5: 00

K.SALYER EXAMINER NOV - 9 2015

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

ALPA Consulting 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:

Paola Rojas

(Name of Person)

ALPA Consulting LLC

(Firm/Company)

100 W Lucerne Circle, Suite 200

(Address)

Orlando, FL 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

Paola Rojas

..407

269-0277

(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

2015 NOV-6 PM 5:00
TALLAHASSEE, FLORIUM

1.	The name of a limited liab	ility company is	'ALLAHASSE
2.	The Articles of Organization	on were filed on July 2	and assigned
	document number L150001	124954	
3.	The delayed effective date the dissolution if not effective on the date of filing: November 3rd, 2015 (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 listed as the document's effective date on the Department of State's records.		
4.	A description of occurrenc 605.0707, Florida Statutes,	e that resulted in the lir (copy 605.0707 on bac	nited liability company's dissolution pursuant to section k cover letter).
	Business never began operation		•
5.	If there are no members, er activities and affairs:	nter the name and addre	ess of the person appointed to wind up the company's
100 W Lucerne Circle, Suite 200		, Suite 200	
		Orlando, FL 32801	
6. lis	Signature of an authorized ted above to wind up the co	person or if there are no impany's activities ap	ers, the signature of the person appointed and
2	Pegas		Paola Rojas
	Signature	 _	Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

FILE	P)
YON TO DO	
TALLAHASSEE STA): 00 Err

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of PORION 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: ALPA Consu	Ilting I.I.C				
Name of Limited Liability Company:	000424054				
Document number of Limited Liability Company is: L15000124954 Date of dissolution was: November 3rd, 2015					
The Limited Liability Company nam	ed above never commence				
business in the State of Florida. If y	ou have any claims please				
do not hesitate to send a correspo	ndence to the address				
written below.					
Mailing address where claims can be sent: (Claims cannot be sent) 100 W Lucerne Circle Suite 200	pe sent to the Division of Corporations)				
Orlando, FL 32801					
A claim against the above named limited liability company claim is commenced within 4 years after the filing of this no					
Paola Rojas	Pregat				
Printed Name of the Person Filing	Signature of the Person Filing				

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