

L15000124954

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400278510844

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

FILED  
2015 NOV -6 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
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

(Name of Person)

at ( 407 ) 269-0277

(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

FILED  
2015 NOV -6 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
ALPA Consulting LLC

2. The Articles of Organization were filed on July 21, 2015 and assigned  
document number L15000124954

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 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).  
Business never began operations in the State of Florida

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

100 W Lucerne Circle, Suite 200

Orlando, FL 32801

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.

Paola

Signature

Paola Rojas

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: ALPA Consulting LLC

Document number of Limited Liability Company is: L15000124954

Date of dissolution was: November 3rd, 2015

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

The Limited Liability Company named above never commence  
business in the State of Florida. If you have any claims please  
do not hesitate to send a correspondence to the address  
written below.

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

100 W Lucerne Circle

Suite 200

Orlando, FL 32801

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.

Paola Rojas

Printed Name of the Person Filing

P Rojas

Signature of the Person Filing

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

FILED  
2015 NOV -6 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA