

L16000152612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

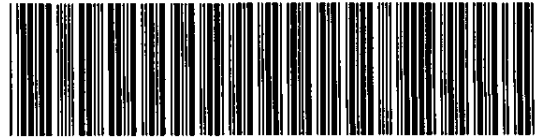
(Business Entity Name)

(Document Number)

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2017 JAN -4 P 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

JAN 05 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 22, 2016

ALAN M. BLOOM
7577 PALMER GLEN CIRCLE
SARASOTA, FL 34240

SUBJECT: ALAN M. BLOOM LLC
Ref. Number: L16000152612

Upon receipt of your letter and/or check(s) totaling \$25.00, no document was found. Please send your document with any fees due to:

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

Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 116A00027260

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alan M Bloom LLC

DOCUMENT NUMBER: L16000152612

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

Please return all correspondence concerning this matter to the following:

Alan M Bloom

(Name of Contact Person)

Alan M Bloom LLC

(Firm/Company)

7577 Palmer Glen Circle

(Address)

Sarasota, FL 34240

(City/State and Zip Code)

For further information concerning this matter, please call:

Alan M Bloom 760 668-4401

(Name of Contact Person) at (_____) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55 Filing Fee & Certificate of Status (Additional copy is enclosed) | <input type="checkbox"/> \$60 Filing Fee, Certificate of Status & Certificate of Status (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**

1. The name of a limited liability company is

ARAN M Bloom LLC

2. The Articles of Organization were filed on 8/15/2014 and assigned

document number 416000152612

3. The delayed effective date the dissolution if 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)

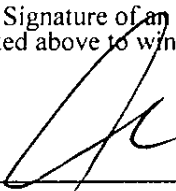
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

CLOSING COMPANY DUE TO RELOCATION

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

ARAN M Bloom

Printed Name

FILING FEE: \$25.00

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA