117-000099156

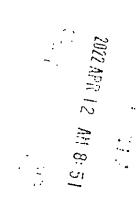
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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04/12/21--01023--002 **25.00



O SIMMONS

JUN 05 2021

COVER LETTER

Division of Corporations	`,				
ALEXANGEL LLC					
SUBJECT:(Name of l	Limited Liability Company)				
The enclosed Articles of Dissolution and fee(s) are su	ibmitted for filing.				
Please return all correspondence concerning this matt	er to the following:				
CAROLYN KAHL					
	(Name of Person)				
ROCA GONZALEZ P.A.					
· · · · · · · · · · · · · · · · · · ·	(Firm/Company)				
3370 MARY STREET	3370 MARY STREET				
	(Address)				
MAIMI, FL 33133					
(Ci	ty/State and Zip Code)				
For further information concerning this matter, please	call:				
CAROLYN KAHL	305 859-6050 at ()				
(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	Street Address: Registration Section				
Division of Corporations	Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

ARTICLES OF DISSOLUTION 2022 APR 12 APR 8: 52 FOR A LIMITED LIABILITY COMPANY

1. The name of a limited lia ALEXANGEL LLC	ability company is		
2. The Articles of Organiza	ation were filed on $\frac{5/4/20}{2}$	17	and assigned
document number 1.1700	00099156	· -	
Note: If the date inserted	tive date cannot be prior to or	more than %) days later than the applicable statutory i	lifting: If date document is received for filing) Thing requirements, this date will not be
4. A description of occurrent 605,0707, Florida Statute	nce that resulted in the lins, (copy 605,0707 on bac	nited liability company k cover letter).	s's dissolution pursuant to section
UNANIMOUS WRITTEN	CONSENT OF THE MEM	BERS	
UNANIMOUS WRITTEN C			-14
5. If there are no members, activities and affairs.	enter the name and addre	ess of the person appoir	nted to wind up the company's
	C/O ROCA GONZAL	HZ P A.	
	3370 MARY STREET	, MIAMI FL 33133	
 Signature of an authorized above to wind up the company 	d person or if there are no ny's activities and affairs	o members, the signatus	re of the person appointed and listed
Agnise Pusses	<u> </u>	AGNESE RUSSO	
() Signature		Pri	nted 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: ALEXANGEL LL	<u> </u>
Document number of Limited Liability Company is: Li	7000PF156
Date of dissolution was:	-
Description of information that must be included in a w	ritten claim;
1) NAME AND ADDRESS OF THE PERSON OR ENTIFY	' MAKING THE CLAIM
2) DESCRIPTION OF THE NATURE OF THE CLAIM AN	ND EVENTS GIVING RISE TO THE CLAIM
3) STATEMENT OF THE AMOUNT OF THE CLAIM	
4) ANY OTHER INFORMATION RELEVANT TO THE C	Laim
Mailing address where claims can be sent: (Claims can)	not be sent to the Division of Corporations)
CO ROCA GONZALEZ P.A	
3370 MARY STREET	
MIAMI, FL 33133	
A claim against the above named limited liability compa- larm is commenced within 4 years after the filing of thi	any will be barred unless a proceeding to enforce the s notice.
AGNESE RUSSO	Agnesia Receiped
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