

L17000 125418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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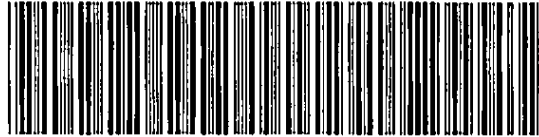
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 DEC 11 AM 9:03

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2017 DEC 11 PM 5:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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K SALV
DEC 13 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALYZA 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:

Alon Benhar

(Name of Person)

ALYZA LLC

(Firm/Company)

709 Cape Coral Parkway West

(Address)

Cape Coral, 33914

(City/State and Zip Code)

For further information concerning this matter, please call:

Linda Lepore

(Name of Person)

at 239 540-2612

(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
2017 DEC 11 PM 5:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

ALYZA LLC

2. The Articles of Organization were filed on 06/08/2017 and assigned

document number L17000125418

3. The delayed effective date the dissolution if not effective on the date of filing: 12/07/2017
(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).

Voluntary Dissolution.

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

Ronald St. Clair CPA

Caloosehatche Tax & Financial Services

709 Cape Coral Parkway West

Cape Coral, FL 33914

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:

Ronald St. Clair CPA
Signature

Ronald St. Clair CPA

Printed Name

FILING FEE: \$25.00