

U8000071099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

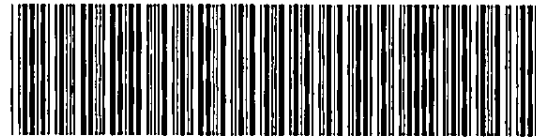
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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11/02/18--01026--004 **25.00

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NOV 2 2018
18 NOV -2 PM 3:34
CLERK OF SUPERIOR COURT
JANIS L. BARNES

Dissolution

NOV 19 2018

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

ALTO INVESTMENT GROUP LLC

SUBJECT: _____
(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:

YANINA MICULITZKI, ESQUIRE

(Name of Person)

YANINA MICULITZKI, P.A.

(Firm/Company)

2999 N.E. 191 STREET, SUITE 403

(Address)

AVENTURA, FL, 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

YANINA MICULITZKI

786

361-5567

(Name of Person)

at (

_____)
(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

FILED
STATE DIVISION OF CORPORATIONS
18 NOV -2 PM 3:30

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
ALTO INVESTMENT GROUP LLC

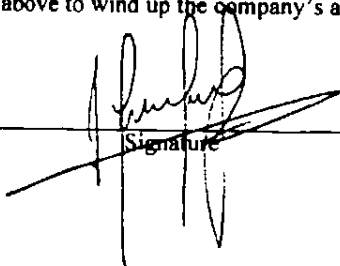
2. The Articles of Organization were filed on 03/19/2018 and assigned
document number L18000071099

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).
DUE TO THE CONSENT OF ALL OF ITS MEMBERS

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

OSCAR F. CICH

Printed Name

FILING FEE: \$25.00

18 NOV -2 PM 3:36

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS