Division of Corporations
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PAVESE LAW FIRM Account Number : I20130000057

Phone : (239)334-2195

Fax Number : (239)332-2243

## LLC DISSOLUTION OR WITHDRAWAL ALAGOLD COMMUNITIES, LLC

Certificate of Status	0
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Registration Section

TO:

## **COVER LETTER**

Division of Corporations					
SUBJECT:	Alagold Communities, LLC				
30202011	(Name of Limited Liability Company)				
	·				
The enclosed	Articles of Dissolution and fee(s) are submit	ted for filing.			
Please return	all correspondence concerning this matter to	the following:			
	Charles Bryan Capps, Esq.				
	(Name of Person)				
	Pavese Law Firm				
	(Firm/Company)				
	1833 Hendry Street / P.O. Box 1507				
	(Address)				
	Fort Myers, FL 33901				
	(City/Sta	ate and Zip Code)			
For further in	formation concerning this matter, please call	:			
	ules Bryan Capps	239 336-6219			
	(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a c	beck for the following amount:				
<b>■ \$</b> 25.	00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
	iling Address:	Street Address:			
	gistration Section vision of Corporations	Registration Section Division of Corporations			
	). Box 6327	The Centre of Tallahassee			
	lahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

#200001083493

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is Alagold Communities, LLC		
2.	2. The Articles of Organization were filed on $\frac{F}{F}$	ebruary 21, 2019 and assigned	
	document number L19000045260		
3.	6. The delayed effective date the dissolution if r (offective date cannot be prior Note: If the date inserted in this block does not listed as the document's effective date on the De	to or more than 90 days later than date document is received for filing) meet the applicable statutory filing requirements, this date will not be	
4.	4. A description of occurrence that resulted in the 605.0707, Florida Statutes, (copy 605.0707 or	he limited liability company's dissolution pursuant to section n back cover letter).	
	Dissolution was consented to by all men	abers of the Limited Liability Company.	
		5.2	
		EDZ9 APR	
5.	5. If there are no members, enter the name and	address of the person appointed to wind up the company's	! !
	activities and affairs: Katherine E	E Luchene Goldman 🚽 🖟 ,	4
	26740 Sam	nmoset Way	
	Bonita Spri	ings, FL 34135	
6. ab	<ol> <li>Signature of an authorized person or if there above to wind up the company's activities and a</li> </ol>	are no members, the signature of the person appointed and listed iffairs:	
1	Lathing!	Katherine E. Luchene Goldman , 28 Manager	
	Signature	Printed Name	
	FIJ	LING FEE; \$25.00	

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