

L20600094638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
NOV 25 2024

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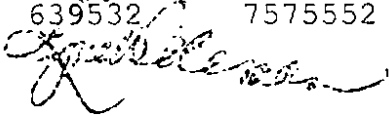


000439716130

FILED
2024 NOV 22 AM 10:39
CLERK OF COURT
JANUARY 2025

FILED
2024 NOV 22 PM 3:40
CLERK OF COURT
JANUARY 2025

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 639532 7575552
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : September 12, 2024
ORDER TIME : 11:14 AM
ORDER NO. : 639532-125
CUSTOMER NO: 7575552

DOMESTIC FILINGS

NAME: ALIGNED FOR THE FRONTLINE, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Miller - EXT#

EXAMINER'S INITIALS: _____

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
2024 NOV 22 AM 10:39
STATE OF FLORIDA
CLERK

1. The name of a limited liability company is
Aligned For The Frontline, LLC

2. The Articles of Organization were filed on 04/01/2020 and assigned
document number L20000094638

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).

Bankruptcy resulted in the sale of all company assets and dissolution of the business

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

630 Allendale Road, Suite 250

King of Prussia, PA 19406

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:

Lori C. Kinkade
Signature

Lori Kinkade

Printed Name

FILING FEE: \$25.00

CSC 639532