

L21000015873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

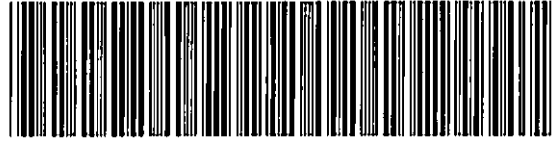
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/08/21--01004--008 **25.00

2021 JUN -7 AM 10:02

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 JUN -7 PM 3:32

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JUN 08 2021
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALBA CAPITAL THREE 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:

Jay E. Auerbach, Esq.

(Name of Person)

KHANI & AUERBACH

(Firm/Company)

2338 Hollywood Blvd.

(Address)

Hollywood, FL 33020

(City/State and Zip Code)

For further information concerning this matter, please call:

Jay E. Auerbach, Esq.

(Name of Person)

954

921-1517

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
2021 JUN -7 AM 10:02

1. The name of a limited liability company is

ALBA CAPITAL THREE LLC

2. The Articles of Organization were filed on 01/05/2021 and assigned

document number 121000015873

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).

The entity was not required for anticipated business acquisition

The entity was not required for anticipated business acquisition

The entity was not required for anticipated business acquisition

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

Peter Pekic

2700 NE 51st Street

Fort Lauderdale, FL 33308

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

Peter Pekic

Printed Name

FILING FEE: \$25.00