L21000 147 218

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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04/36/24 -01632--013 **30.00



COVER LETTER

то:		ion Section of Corporations					
SUBJE							
St. DJ E.	i.						
The enc	losed Artic	tles of Dissolution and feets) are submi	tted for filing.				
lease r	cturn all co	orrespondence concerning this matter to	the following				
	A	lisa S. Coleman					
	_	(Na	me of Person)				
	A	& L.Learning Academy, LLC.					
		(Fir	ni Company)				
	4	134 Misty Meadows Court					
	J;	acksonville, FL 32210					
	-	(CitySt	ate and Zip Code)				
or furt	her inform	ation concerning this matter, please call	i:				
	Alisa S. C	loleman	904 .it (299-4124			
		(Name of Person)	(Area C	Ode & Daytime Telephone Number)			
nclosed	l is a check l	for the following amount.					
iii	Î 5 25 00 fit	ing Fee and Certificate of Dissolution		ig Fee, Certificate of Dissolution & Copy (additional copy is enclosed)			
	Mailing A	Address:	Street Addre	<u> </u>			
	Registration Section		Registration Section				
		of Corporations		Corporations			
	P.O. Bo	x 6327 see, FL 32314		of Tallahassee			
	1 21(91)87	SCC. 11. 3231+	Tallahassee	onroe Street, Suite 810 e, FL 32303			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

١.	The name of a limited liability company is A & 1. Learning Academy, LLC.		···································
2.	The Articles of Organization were filed on $\frac{03/30/202}{}$	<u> </u>	and assigned
	document number <u>L21000147218</u>	_	
3.	The delayed effective date the dissolution if not effective date cannot be prior to or mor Note: If the date inserted in this block does not meet the listed as the document's effective date on the Department	applicable statutory filing r	ocument is received for mang)
4.	A description of occurrence that resulted in the limite 605.0707, Florida Statutes, (copy 605.0707 on back c	ed liability company's dis over letter).	solution pursuant to section
	The company is closed and not in business.		
5.	If there are no members, enter the name and address activities and affairs:	of the person appointed to	o wind up the company's
			·····
6. ab	Signature of an authorized person or if there are no nove to wind up the company's activities and affairs:	embers, the signature of	the person appointed and lister
	1-1 lb		
_	Month worken	Alisa S. Coleman	Nt
	Signature	Printed	ivaine

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605,0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company:A & I. I carning Academy, I I.C.
Document number of Limited Liability Company is:
Date of dissolution was: 03 02/2024
Description of information that must be included in a written claim:
Agent Name, Company, Address, Phone and reason for claim
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
6271St. Augustine Road
Suite 24
Jacksonville, FL 32217
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
Alisa S. Coleman Alixa S. Homan
Printed Name of the Person Filing Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

. The name of a limited liability company is V & L Learning Academy, LLC.	
The Articles of Organization were filed on $\frac{03'30'20'}{0.000}$	and assigned
document number L21000)147218	
	he applicable statutory filing requirements, this date will not be
A description of occurrence that resulted in the lim 605.0707, Florida Statutes, (copy 605.0707 on back	ited liability company's dissolution pursuant to section cover letter).
The company is closed and not in business.	
If there are no members, enter the name and address activities and affairs:	is of the person appointed to wind up the company's
 Signature of an authorized person or if there are no above to wind up the company's activities and affairs; 	members, the signature of the person appointed and liste
1 - 1 M	
Mont horyon	Alisa S. Coleman
Signature	Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: A & I Tearning Academy, LLC.
Document number of Limited Liability Company is:
Date of dissolution was:
Description of information that must be included in a written claim:
Agent Name, Company, Address, Phone and reason for claim
Mailing address where claims can be sent; (Claims cannot be sent to the Division of Corporations)
6271St. Augustine Road
Suite 24
Jacksonville, FL 32217
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
Alisa S. Coleman Alisa S. Homms
Printed Name of the Person Filing Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00