L22000286301

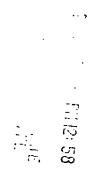
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



300425598123

03/18/24--01023--025 **25.00



E3/18/24

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJI	Alpha Tide Ventures, LLC						
	(Name of Limited	Liability Compa	any)		_		
	closed Articles of Dissolution and fee(s) are submitted return all correspondence concerning this matter to the						
	Bryan Czajkowski						
(Name of Person)							
Real Estate Vault, Inc							
	(Firn/	Company)					
	1718 Capitol Ave						
	(Address)						
	Cheyenne, WY 82001						
	(City/State	and Zip Code)					
For fur	ther information concerning this matter, please call:			PHI2: 58			
	Bryan Czajkowski	518	330-4291				
	(Name of Person)	at (ode & Daytime Telep	ohone Number)	_		
Enclose	d is a check for the following amount:						
į	■ \$25.00 Filing Fee and Certificate of Dissolution		g Fee, Certificate of E Copy (additional copy				
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	The Centre	Section Corporations of Tallahassee onroe Street, Sui	te 810			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabili	ty company is			
	Alpha Tide Ventures, LLC				
2.	The Articles of Organization	were filed on 06/30/2022	2	_ and assigned	
	document number 1.2200029	6301	_		
3.	The delayed effective date the teffective of the listed as the document's effective date inserted in the listed as the document's effective date.	nis block does not meet the	applicable statutory filing r	iocument is received	
4.	A description of occurrence 605.0707, Florida Statutes, (c	that resulted in the limite copy 605.0707 on back c	ed liability company's dis over letter).	ssolution pursuar	nt to section
	Company no longer in business				
					,
					· n
5.	If there are no members, enter activities and affairs:	er the name and address of Bryan Czajkowski	of the person appointed t	o wind up the co	mpany`s
6. ał	Signature of an authorized poove to wind up the company	erson or if there are no ms activities and affairs:	nembers, the signature of	the person appo	inted and listed
_	3		name conditions		
, , <u>,</u>	Sionaturo		Bryan Czajkowski Printed	l Name	
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.

claim is commenced within 4 years after the filing of the	nis notice.
A claim against the above named limited liability comp	
1718 Capitol Ave, Cheyenne WY 82001	
Mailing address where claims can be sent: (Claims can	r: co
	<u> </u>
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	· · ·
No longer in Business	
Description of information that must be included in a w	
Date of dissolution was:	
Document number of Limited Liability Company is:	22000296301