Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PAGLO'S & ASSOCIATES, LLC

Account Number : 120100000043 Phone : (305)397-8553 Fax Number : (305)397-8521

LLC DISSOLUTION OR WITHDRAWAL ALIBEA GROUP, LLC

	CHI OF STATE CORPORATIONS SSEE, FLORIDA
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<i>:</i>	S.F.S
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Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

	gistration Section vision of Corporations	
SUBJECT:	ALIBEA GROUP, LLC	
SUBJECT		ted Liability Company)
The encloses	d Articles of Dissolution and fee(s) are submi	tted for filing
Please return	all correspondence concerning this matter to	the lone wing.
	ALICIA B. BAIRD	
	(Na	me of Person)
	ALIBEA GROUP, LLC	
	(Fir	m/Company)
	7501 E TREASURE DR, APT 1A	
		(Address)
	NORTH BAY VILLAGE, FL 33141	
	(Ciry/St	are and Zip Code)
For further in	formation concerning this matter, please call	:
ALICIA B. BAĪRD		786 333-0675
	(Name of Person)	(Area Code & Daytime Telephone Number)
Euclosed is a c	theck for the following amount:	
3 \$25.	00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
	ling Address:	Street Address:
	gistration Section rision of Corporations	Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee
		2415 N. Montoe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

is
on 08/03/2022 and assigned
n if not effective on the date of filing: 12/31/2024 prior to or more than 90 days later than date document is received for filing) not meet the applicable statutory filing requirements, this date will not be the Department of State's records.
in the limited liability company's dissolution pursuant to section of on back cover letter).
and address of the person appointed to wind up the company's
nere are no members, the signature of the person appointed and listend affairs:
ALICIA B. BAIRD 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:	UP, LLC
Document number of Limited Liability Company is	L22000341102
Date of dissolution was: 12/31/2024	
Description of information that must be included in	a written claim:
DETAILED INFORMATION ABOUT THE FACTS TO	HAT LEAD TO THE CLAIM, ALSO PROVIDE CLEAR
CONTACT DETAILS AS NAME, ADDRESS, EMAIL	AND PHONE NUMBER TO BE CONTACTED.
Mailing address where claims can be sent: (Claims o	cannot be sent to the Division of Corporations)
7501 E TREASURE DR, APT 1A	
NORTH BAY VILLAGE, FL 33141	
A claim against the above named limited liability coclaim is commenced within 4 years after the filing o	ompany will be barred unless a proceeding to enforce the f this notice.
ALICIA B. BAIRD	Alleia Baird (bee 18, 2024 12:02 EST)
Printed Nume of the Person Filing	Signature of the Person Filing

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