

L 22000 499 287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

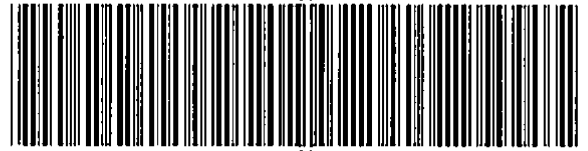
(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASSOCIATED INVESTORS ALLIANCE, 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:

Miguel Perez

(Name of Person)

(Firm/Company)

340 W. Flagler St. #1410

(Address)

Miami FL 33130

(City/State and Zip Code)

For further information concerning this matter, please call:

Miguel Perez

305

321-0395

at (

(Name of Person)

(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**

1. The name of a limited liability company is
ASSOCIATED INVESTORS ALLIANCE, LLC.

2. The Articles of Organization were filed on 11/28/2022 and assigned
document number L22000499287

3. The delayed effective date the dissolution if not effective on the date of filing: 3/01/2024
(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 consent of all the members not to conduct business operations under this entity ever and
to ensure that such entity is for ever devolved.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Miguel Perez
340 W. Flagler St. #1410
Miami Fl. 33130

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:

Miguel Perez
Signature

Miguel Perez
Printed Name

FILING FEE: \$25.00

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TAX

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: ASSOCIATED INVESTORS ALLIANCE, LLC.

Document number of Limited Liability Company is: L22000499287

Date of dissolution was: 3/01/2024

Description of information that must be included in a written claim:

The consent of all the members not to conduct business operations under this entity ever and
to ensure that such entity is for ever devolved.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Miguel Perez

340 W. Flagler St. #1410

Miami FL 33130

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.

Miguel Perez

Printed Name of the Person Filing

Miguel Perez
Signature of the Person Filing

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

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