

L 23000092989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

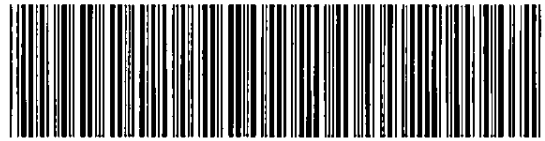
(Document Number)

Certified Copies _____ Certificates of Status _____

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U. Mills

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04/08/24--01011--002 **25.00

FILED
2024 APR - 8 PM 6:16
SECRETARY OF STATE
TALLAHASSEE, FL 32399

4/1/24

To Whom It May Concern

I Claudia Peña Fermin. hereby request
the dissolution of the LLC Alcadia Enterprises.


The bussiness project mentioned above
failed.

My Contact information is:

Phone - 216-456-4391

Address 3338 W. 129th St
Cleveland, OH 44111

Respectfully,



Claudia Peña Fermin

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alcadia Enterprises 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:

Claudia Peña
(Name of Person)

(Firm/Company)

3338 West 129th St
(Address)

Cleveland OH 44111
(City/State and Zip Code)

For further information concerning this matter, please call:

Claudia Peña at (216) 456-4391
(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 Alcadia Enterprises LLC
2. The Articles of Organization were filed on 2/21/2023 and assigned
document number L23000092989
3. The delayed effective date the dissolution if not effective on the date of filing: 4/1/24
(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).
Business project failed
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Claudia Peña Termin
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

Claudia Peña Termin

Printed Name

FILING FEE: \$25.00

FILED
2024 APR - 8 PM 6:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Alcadia Enterprises LLC

Document number of Limited Liability Company is: L23000092989

Date of dissolution was: 9/1/24

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

Business project Failed.

2024 APR -8 PM 6:16
RECEIVED
TALLAHASSEE
FLORIDA
CORPORATION

FILED

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

3338 W. 129th St.
Cleveland OH 44111

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.

Claudia Peña Fermin

Printed Name of the Person Filing



Signature of the Person Filing