12300045/1689

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
. NE
HORITA
7. 1 20c
J. HORNE APR 27 2024
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COVER LETTER

Registration Section

TO:

Division of Corporations			
SUBJECT:	Alessi swee	to LLC	
(Name of Limited Liability Company)			
The enclosed Articles	of Dissolution and fee(s) are submittee	l for tiling.	
Please return all corre	spondence concerning this matter to the	e following:	
	Natulia A	Alcss 1 of Person)	
	Alessi Sweet	-s LLC	
	(rimiv	company)	
	4245 Mec	dow Hill Ar	
	(Ad	dress)	
	TAMPA FL	33618	
	(City/State	and Zip Code)	
For further informatio	n concerning this matter, please call:		
Mata	(Name of Person)	at (813) 645 - 4254 (Area Code & Daytime Telephone Number)	
Enclosed is a check for t			
	Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
	n Section f Corporations	Street Address: Registration Section Division of Corporations	
P.O. Box 6 Tallahassed	327 e. FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

•	ARTICLES OF DISSOLUTION FOR	~
A	LIMITED LIABILITY COMPANY	2024 APD LED
The name of a limited liability Alessi Swe		2024 APR 15 AHII
The Articles of Organization w	ere filed on 5/24/2023	and assigned
document numberL 730	00451689	
Note: If the date inserted in this	dissolution if not effective on the date of filing: e cannot be prior to or more than 90 days later than date do block does not meet the applicable statutory filing rectate on the Department of State's records.	
A description of occurrence tha 605.0707, Florida Statutes, (con	at resulted in the limited liability company's diss by 605.0707 on back cover letter).	solution pursuant to section
•	Never got started + No Lo	onge t
13 interested	in starting	
If there are no members, enter t	the name and address of the person appointed to	wind up the company's
activities and affairs:	Natalia A Alessi	
	4715 Meadow Hill D	<u>r</u>
_	TAMPO FL 33618	
-		the control of and line of
. Signature of an authorized pers pove to wind up the company's a	on or if there are no members, the signature of the ctivities and affairs:	ne person appointed and fisted

FILING FEE: \$25.00