

PD8000068691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
15 FEB 18 AM 7:51

C.L.  
2-19-15



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 5, 2015

MAUREEN LLOYD-JAMES  
283 E. RIVERBEND DRIVE  
SUNRISE, FL 33326 US

SUBJECT: ALESCERE CO.  
Ref. Number: P08000068691

We have received your document for ALESCERE CO. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 015A00002457

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Alescere Co Dissolution

**DOCUMENT NUMBER:** P08000068 *691*

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Maureen Lloyd-James**

(Name of Contact Person)

**Alescere**

(Firm/Company)

**283 East Riverbend Drive**

(Address)

**Sunrise, FL 33326**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Maureen Lloyd-James** at **(954) 873-6192**

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>enclosed) |
|--|--|--|---|

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
Alescere Co

SECOND: The document number of the corporation (if known): P08000068691

THIRD: The date dissolution was authorized: 11/30/2014

Effective date of dissolution if applicable: \_\_\_\_\_  
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)


☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

Alescere Co  
(voting group)

Signature:   
(By a director, president or other officer - If directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Maureen Lloyd-James  
(Typed or printed name of person signing)

VTD  
(Title of person signing)

Filing Fee: \$35

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## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Alescere Co

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Alescere has concluded all business and is now dissolved.

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

283 East Riverbend Drive

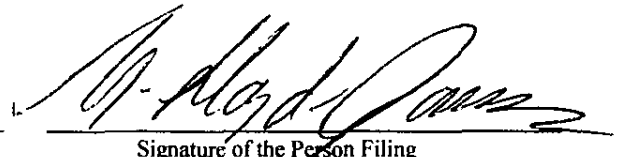
Sunrise, FL 33326

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A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Maureen Lloyd-James

Printed Name of the Person Filing



Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**