

PO9000088409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

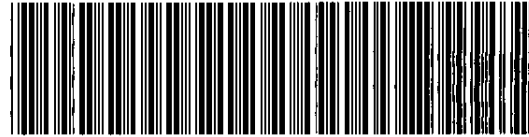
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/27/11--01014--012 \*\*43.75

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11 JUN 22 PM 12:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Dis w/NOT*

C.COULLIETTE

JUN 22 2011

EXAMINER

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: DISSOLUTION OF CORPORATION

DOCUMENT NUMBER: P09000088409

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

Please return all correspondence concerning this matter to the following:

JAIME CRUZ  
(Name of Contact Person)  
ALC POOL SERVICES, INC  
(Firm/Company)  
4094 SW 159 AVE  
(Address)  
MIRAMAN, FL 33027  
(City/State and Zip Code)

For further information concerning this matter, please call:

JAIME CRUZ at ( 954 ) 892-4444  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee ☒ \$43.75 Filing Fee & Certificate of Status ☒ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 13, 2011

RECEIVED  
11 JUN 22 AM 8:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAIME CRUZ  
ALC POOL SERVICES, INC  
4094 SW 159 AVE  
MIRAMAR, FL 33027

SUBJECT: ALC POOL SERVICES, INC  
Ref. Number: P09000088409

We have received your document for ALC POOL SERVICES, INC and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

*Please \** The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

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) 245-6903.

Cheryl Coulliette  
Regulatory Specialist II

Letter Number: 111A00013426

RECEIVED

11 JUN 13 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DISSOLUTION OF ALC. Pool Services, INC

**DOCUMENT NUMBER:** P09000088409

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

Please return all correspondence concerning this matter to the following:

TRIME CMW2  
(Name of Contact Person)  
ALC. Pool Services, INC  
(Firm/Company)  
4094 SW 159<sup>th</sup> AVE  
(Address)  
MIRAMON, FL 33027  
(City/State and Zip Code)

For further information concerning this matter, please call:

Trime CMW2 at ( 954 ) 892-4444  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☒ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is 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:

ALC Pool SERVICES, INC

SECOND: The document number of the corporation (if known): P09000088409

THIRD: The date dissolution was authorized: 5/19/11

Effective date of dissolution if applicable: 5/19/11  
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

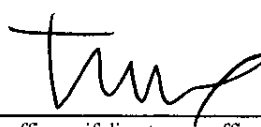
☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ 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

3  
(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)

JAIME CRUZ  
(Typed or printed name of person signing)

EX-D  
(Title of person signing)

FILED  
11 JUN 22 PM 12:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$35

## 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: ALC Pool Services

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:

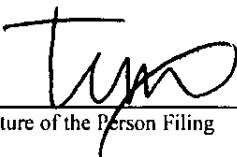
we did not use the corporation  
at all, we had different routes and  
different jobs in 2 different cities  
and couldn't give course to start  
the pool business.

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

4094 SW 159th Ave  
MIRAMAR, FL 33027

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.

Jaime Cruz  
Printed Name of the Person Filing

  
Signature of the Person Filing