

45000092507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

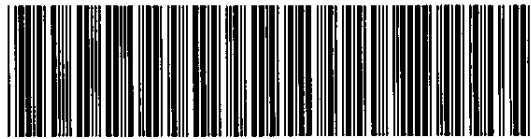
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500280108385

12/21/15--01013--012 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 21 2015
S. YOUNG

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

NMCKENZIE LLC

2. The Articles of Organization were filed on MAY 26, 2015 and assigned

document number 415000092507

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).

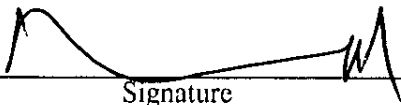
THE COMPANY HAS NOT BEEN ABLE TO GENERATE
ANY BUSINESS FOR THE PAST YEAR AND IS NO
LONGER VIABLE

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TALLAHASSEE FLORIDA

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

NORMA MCKENZIE
3333 STATE ST
HOLLYWOOD
FL 33021

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

NORMA MCKENZIE
Printed Name

FILING FEE: \$25.00

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: NIMEKENZIE LLC

Document number of Limited Liability Company is: 415000092507

Date of dissolution was: 12/12/15

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

THE COMPANY HAS NOT BEEN ABLE TO GENERATE
ANY BUSINESS FOR THE PAST YEAR AND IS NO
LONGER VIABLE. WE ARE TRYING TO FIND
A DIFFERENT MEANS TO EARNER INCOME.

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TALLAHASSEE, FLORIDA

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

3333 STATE ST
HOLLYWOOD
FLORIDA 33021

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.

NORMA MCKENZIE
Printed Name of the Person Filing

[Signature]
Signature of the Person Filing

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NMCKENZIE 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:

NORMA MCKENZIE
(Name of Person)

NMCKENZIE LLC
(Firm/Company)

3333 STATE ST
(Address)

HOLLYWOOD FL 33001
(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

NORMA MCKENZIE at (954) 483 0219
(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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301