

L160000081727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

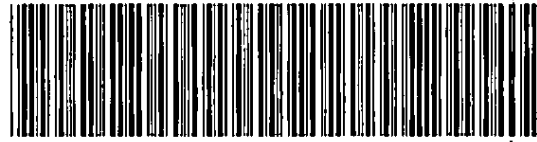
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800359847258

02/16/21--01007--013 \*\*25.00

APR 07 2021

R. HUNT

2021 FEB 16 PM 12:07

STATE OF OHIO  
DIVISION OF CORPORATE SERVICES

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Nona Peebles & Associates, 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:

Nona Peebles  
(Name of Person)

Nona Peebles & Associates, LLC  
(Firm/Company)

288 Beach Dr. NE, Apt. 6B  
(Address)

St. Petersburg, FL 33701  
(City/State and Zip Code)

For further information concerning this matter, please call:

Nona Peebles at (727) 365-3304  
(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

Nona Peebles & Associates, LLC

2. The Articles of Organization were filed on 4/26/2016 and assigned

document number L16000081727

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).

I am the broker/owner of the business

There are no employees or other parties

with an interest in the company. It is a

one-person shop, and I have retired, no need

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

*For the  
business  
anymore*

288 Beach Dr. NE, Apt. 6B

St. Petersburg, FL 33701

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:

*Nona Peebles*  
Signature

Nona Peebles  
Printed Name

FILING FEE: \$25.00

2021 FEB 16 PM 12:07

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS