## 121000H6572Z

(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:			
Special instructions to 7 ming Officer.			

Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJI	RANDALL CURVE HOLDINGS, LLC			
(Name of Limited Liability Company)				
	return all correspondence concerning this matter to the	-		
	Michael Gentzle			
	(Name	e of Person)		
	Coleman, Yovanovich & Koester, P.A.			
	(Firm	(Company)		
	4001 Tamiami Trail North, Suite 300			
	(1)	Address)		
	Naples, FL 34103			
	(City/State	e and Zip Code)		
For fur	ther information concerning this matter, please call:			
	Michael Gentzle	239 435-3535 at ( )		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclose	ed 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 liabi RANDALL CURVE HOLDI	lity company is NGS, LLC
2. The Articles of Organization	n were filed on 10/28/2021 and assigned
document number L210004	58722
Living Difference in a	the dissolution if not effective on the date of filing:  date cannot be prior to or more than 90 days later than date document is received for filing) his block does not meet the applicable statutory filing requirements, this date will not be tive date on the Department of State's records.
4. A description of occurrence 605.0707, Florida Statutes, (c All members consented to disso	that resulted in the limited I ability company's dissolution pursuant to section opp 605.0707 on back cover letter).
If there are no members, enter activities and affairs:	the name and address of the person appointed to wind up the company's
Signature of an authorized per	son or if there are no members, the signature of the person appointed and listed
ove to wind up the company's	activities and affairs:
Signature	Manager ROBERT A. CROWN
Cignature	FILING FEE: \$25.00