# L01000020184

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	<u></u>
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### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: NAV+TOCK COM (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:  (Name of Person)
1005 EAST Broadway St #44  Oriedo Fl 32765  (City/State and Zip Code)
For further information concerning this matter, please call:  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:
\$25.00 Filing Fee Secutificate of Status  Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)

#### STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

#### MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

## ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

1.	The name of the limited liability company is			
	NAVITUCA, COVY ILLC			
2.	The date the dissolution was approved:			
3.	A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).			
_				
	CHECK ONE: All debts, obligations and liabilities of the limited liability company have been paid or discharged. OR- Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.			
Ż	CHECK ONE: There are no suits pending against the company in any court.  OR- Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.			
Si	gnatures of the members having the same percentage of membership interests necessary to approve e dissolution:  Signature  Typed or Printed name  Typed of Printed name			
	TO VILL			