## L04000067992

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



300256940323

RECEIVEN
14 FEB 27 PH 1: 48

7. 157 77

FED # 8 2014

FXX 161711



ACCOUNT NO. : 12000000195	
REFERENCE 030389 4328	3663
AUTHORIZATION	
COST LIMIT : \$ 25.00	
ORDER DATE : February 27, 2014	
ORDER TIME : 10:44 AM	
ORDER NO. : 030339-005	
CUSTOMER NO: 4328663	
DOMESTIC FILINGS	
NAME: NICKLAUS EXCEL, LLC	
XX ARTICLES OF DISSOLUTION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING	E
CONTACT PERSON: Susie Knight - EXT# 52956	

EXAMINER'S INITIALS:

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

document number L04000067992  3. The delayed effective date the dissolution if not effective on the date of filing: N/A  4. A description of occurrence that resulted in the limited liability company's dissolution pur 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).  Written consent of Member Board approving final dissolution.	1. The r	ited liability company is
3. The delayed effective date the dissolution if not effective on the date of filing: N/A  4. A description of occurrence that resulted in the limited liability company's dissolution pur 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).  Written consent of Member Board approving final dissolution.  5. If there are no members, enter the name and address of the person appointed to wind up the	2. The document	ganization were filed on September 14, 2004 and assigned L04000067992
Mritten consent of Member Board approving final dissolution.  Statutes, (copy 605.0707 on back cover letter).  Written consent of Member Board approving final dissolution.  5. If there are no members, enter the name and address of the person appointed to wind up the		
5. If there are no members, enter the name and address of the person appointed to wind up th	605.0	Statutes, (copy 605.0707 on back cover letter).
······································		
6. Signature of an authorized person or if there are no members, the signature of the person a above to wind up the company's activities and affairs:	6. Signa above to	horized person or if there are no members, the signature of the person appointed and listed company's activities and affairs:
Signature Printed Name	0	pature Printed Name
MMU Donna L. Doty		Oonna L. Doty

FILING FEE: \$25.00