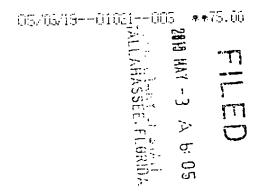
L05000011737

(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:						





200328406862



D SCOTT MAY 1 6 2019

COVER LETTER

TO:

Registration Section Division of Corporations

SURFECT

Norwise Partners 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:

Murray R. Wise	
(Name of Person)	
	2313
(Firm/Company)	
4309 Crayton Road	
(Address)	
Naples, FL 34103	FLUM.
(City/State and Zip Code)	<u> </u>

For further information concerning this matter, please call:

Murray R. Wise at (239) 430-6240

(Weat 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
2061 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a li		oility company is		
2. The Articles of	Organizati	on were filed on 01/27/2005	;	and assigned
document numb	er <u>L05000</u>	011737	-	
Note: If the date	inserted ir	the dissolution if not effect we date cannot be prior to or more a this block does not meet the a ective date on the Department of	ipplicable statutory filing	ng: 12/31/2018 e document is received for filing) g requirements, this date will not b
605,0707, Florid	a Statutes	ce that resulted in the limite (copy 605,0707 on back co		dissolution pursuant to section
Business of LLC of	concluded			
				28:18
5. If there are no members, entactivities and affairs:	nter the name and address of Murray R. Wise	of the person appointed	d to wind up the company's	
	4309 Crayton Road			
	Naples, FL 34103			
6. Signature of an	authorized	person or if there are no m	embers, the signature	of the person appointed and
listed above to win	d up the co	ompany's activities and affa	irs:	
m λ	111			
Mum Do	U/A		Murray R. Wise	
Signature			Printo	ed Name

FILING FEE: \$25.00