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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE

### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: NSL Enterprises LLC (Name of Limited Liability Company)		
(Came of Limited Linearly)		
The enclosed Articles of Dissolution and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Stephen J. LAQUIS (Name of Person)		
(Name of Person)		
NSL Enterprise LL C (Firm/Company)	• >	-1;
(Firm/Company)	ر 17	1 C X
7331 College PKWY Ste 200	17 JAN 27	THE SE
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(City/State and Zip Code)	AM 1:41	SEELFLORID
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For further information concerning this matter, please call:		
Stephen LAQUIS at (239) 947-4042 (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$55.00 Filing Fee and Certificate of Dissolution  Certified Copy (additional copy is enclosed)		-
MAILING ADDRESS: STREET/COURIER ADDRESS	•	

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

I. The na	ime of a limited								
	NSL	Ente	spriser	LLC	·			·	
2. The A	rticles of Organ		/			<u> </u>	_ and assigned	i	
docum	ent number	L05	0600 40	880	·				
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4. A desc 605.07	ription of occu 07, Florida Stat	rrence tha utes, (cop	t resulted in th y 605.0707 or	ne limited back cov	liability compa	any's dis	ssolution purs	uant to section	ı
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5. If there	e are no membe	rs. enter t	he name and a	ddress of	the person ann	ointed to	o wind up the	<del></del>	F
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6. Signat listed abo	ure of an author ve to Mand up th	rized persone compar	on or if there a	re no me and affai	mbers, the sign	ature of	the person ap	pointed and	
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١~	-	_	FIL	ING FEI	E: <b>\$25.00</b>	Niv	Sto Loter	11.e	

### Notice of Limited Liability Company Dissolution

### **NOTE:** This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Document number of Limited Liability Company is: L 050000 40880	
Date of dissolution was: $\frac{\sqrt{2/30/16}}{}$	
Description of information that must be included in a written claim:	17 JAN 27
	7 75 
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corpo	orations)
7331 College PARKWAY, Ste 200 FORT Myers, FL. 33907	
FORT Myers, FL. 33907	
1 /	

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00