

100150862581

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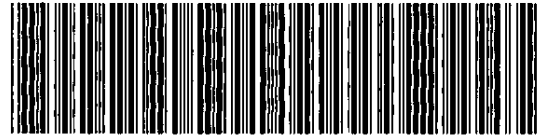
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JUL - 9 2009

EXAMINER



100150862581

04/20/09--01031--022 \*\*25.00

*[Handwritten signature]*

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SECRETARY OF STATE  
DIVISION OF CLERK  
09 JUL - 8 AM 6:38



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Nole Woker 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:

Mark Buhrman

(Name of Person)

Nole Woker LLC

(Firm/Company)

1213 Brenau Terrace

(Address)

Panama City, FL 32405

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Buhrman

(Name of Person)

at ( 850 ) 527-0403

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$25.00 Filing Fee



30.00 Filing Fee &  
Certificate of Status



\$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)



\$60.00 Filing Fee,  
Certificate of Status &  
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  
2661 Executive Center Circle  
Tallahassee, FL 32301

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NOLE Woker 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:

MARK H Bohrman  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

1213 Brenau Terrace  
(Address)

Panama City FL 32402  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Bohrman at (850) 527-0403  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ 30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 JUL -8 AM 6:38

1. The name of a limited liability company is

Nole Worker

2. The Articles of Organization were filed on 10/5/2005 and assigned document number

LO5000098418

3. The date the dissolution was approved: 4-27-09

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

Corp. No Longer Needed

5. 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.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. 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.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

Mark Buhman II

Mark Buhman II

James Vaught

JAMES VAUGHT

Mark Buhman

Mark Buhman