

LO6000000914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

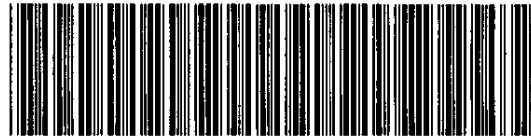
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900257892579

03/20/14--01005--001 \*\*25.00

FILED  
14 MAR 14 PM 10:07  
RECEIVED  
MAR 14 2014

M. MILLIGAN  
EXAMINER

MAR 19 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NEW WESTVIEW, 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:

Alan E. Krinzman

(Name of Person)

(Firm/Company)

8930 SW 115 Terrace

(Address)

Miami, FL 33176

(City/State and Zip Code)

For further information concerning this matter, please call:

Alan E. Krinzman

(Name of Person)

at ( 305 ) 567-5576

(Area 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)

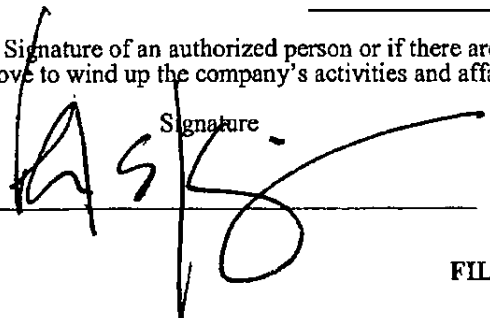
**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
NEW WESTVIEW, LLC
  
2. The Articles of Organization were filed on 01/04/2006 and assigned  
document number L06000000914
  
3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_
  
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).  
The Company is no longer conducting business.  
\_\_\_\_\_  
\_\_\_\_\_
  
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed  
above to wind up the company's activities and affairs:

Signature 

Printed Name  
Alan E. Krinzman

**FILING FEE: \$25.00**

FILED  
14 MAR 14 09 40 09  
TALLAHASSEE, FLORIDA