L0600050202

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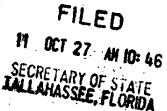
N. Culfigan OCT 2.8 2011

COVER LETTER

Division of Corporations
SUBJECT: N And C Ocala, 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:
Dr. Neil R. Euliano
(Name of Person)
N And C Ocala LLC
(Firm/Company)
4976 Courtland Loop
(Address)
Winter Springs, FL 32708
(City/State and Zip Code)
For further information concerning this matter, please call:
Dr. Neil R. Euliano at (407) 671-9922
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRESS: Registration Section Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



1. The name of a limited liability of N AND C OCALA, LLC	ompany is		AALLAHASSEE, FLORIDA
2. The Articles of Organization were L06000050202	e filed on 5/15	106	and assigned document number
3. The date the dissolution was appre	oved: 10/13/2011		
4. A description of occurrence that r 608.441, Florida Statutes, (copy 6	esulted in the limited liab	ility company' er).	s dissolution pursuant to section
No longer used.	k)	<u></u>	
OR- Adequate provision has b 6. All remaining property and assets rights and interests. 7. CHECK ONE: ☐ There are no suits pendin ☐ OR- Adequate provision has b	have been distributed am g against the company in	bligations and ong its membe	ny have been paid or discharged. liabilities pursuant to s. 608.4421. ers in accordance with their respective
entered against it in any p	•	ership interests	necessary to approve the dissolution
Signature			Printed Name
- Jun	_	Dr. Ne	il R. Euliano
`			•
	-		