

LOG000109802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

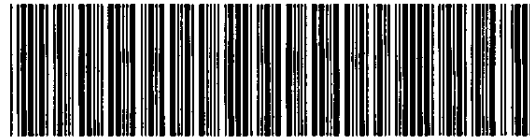
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EFFECTIVE DATE

11/01/14



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10/27/14--01032--005 **25.00

FILED
2014 OCT 27 PM 1:59
CLERK OF COURT
TAMPA, FLORIDA

OCT 28 2014
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: National Academy For Continuing Education 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:

Rita A. Welch

(Name of Person)

National Academy for Continuing Education LLC

(Firm/Company)

5030 Champion Blvd, G11, # 256

(Address)

Boca Raton, Fl. 33496

(City/State and Zip Code)

For further information concerning this matter, please call:

Rita A. Welch

(Name of Person)

561

(Area Code & Daytime Telephone Number)

995-4877

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

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TALLAHASSEE FLORIDA

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
National Academy for Continuing Education LLC
2. The Articles of Organization were filed on 11/13/2006 and assigned
document number L06000109802
3. The delayed effective date the dissolution if not effective on the date of filing: 11-1-2014
(effective date cannot be prior to or more than 90 days later than date document is received for 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).
Capital funding required for Business Continuation could not be obtained
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:

2014 OCT 27 PM 1:59

5
6
7
8
9

Rita G. Wells
Signature

Rita A. Welch

Printed Name _____

FILING FEE: \$25.00

EFFECTIVE DATE 11/8/14