

LO70000 52437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

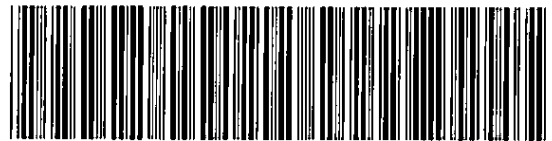
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/11/20--01017--001 **25.00

R. WHITE

MAR 09 2020

2020/3/11 PM 12:30

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NyPDES Services 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:

Monica S Belina

(Name of Person)

NyPDES Services LLC

(Firm/Company)

3590 Magnolia Ridge Circle, Unit A

(Address)

Palm Harbor, FL 34684-5032

(City/State and Zip Code)

For further information concerning this matter, please call:

Monica S Belina

(Name of Person)

727

at (_____)

781-8533

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

2020 FEB 11 PM 12:30

1. The name of a limited liability company is
NyPDES Services LLC

2. The Articles of Organization were filed on 02/07/2020 and assigned
document number L07000052437

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
listed as the document's effective date on the Department of State's records.

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 sole owner/mgr of NyPDES SERVICES LLC is
MONICA S. BELINA. Due to the severity of two automobile
(BOTH CARS TOTALLED)
accidents within 3 weeks, Monica endured brain
(TAKEN TO TRAUMA CENTER)
concussions and other severe injuries that resulted in her not being
able to resume her work responsibilities.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Monica S. Belina
3590 Magnolia Ridge Circle, Unit A
Palm Harbor, FL 34684-5032

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:

Monica S. Belina
Signature

Monica S. Belina

Printed Name

FILING FEE: \$25.00