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09 JUL 16 PH 12: 47
SECRETARY OF STATE

J. BRYAN
JUL 17 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NOGATOP 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:	
SILVIA N GARCIA (Name of Person) NOGATOP SERVICES, LLC (Firm/Company) 348 S POWERLINE ROAD	; =
NOGATOP SERVICES, LLC (Firm/Company)	ロコ

(Address) DEERFIELD BEACH, FLORIDA 33442 (City/State and Zip Code)	
For further information concerning this matter, please call: FERNANDO ACOSTA 488-1976	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount: \$\sum_{\text{S25.00 Filing Fee}} \text{ 30.00 Filing Fee & Certificate of Status} \text{ \$\sum_{\text{S55.00 Filing Fee}} & Certified Copy (additional copy is enclosed)} \text{ \$\sum_{\text{Certified Copy}} & Certified Copy (additional copy is enclosed)} \text{ \$\text{Certified Copy} & Certified Copy (additional copy is enclosed)} \text{ \$\text{Certified Copy} & Certified Copy} & Certified Copy (additional copy is enclosed)} \text{ \$\text{Certified Copy} & Certified Copy} & Certified Copy (additional copy is enclosed)} \text{ \$\text{Certified Copy} & Certified Copy} & Certified Copy} & Certified Copy (additional copy is enclosed)} \text{ \$\text{Certified Copy} & Certified Copy} & Certified Copy} & Certified Copy (additional copy is enclosed)} \text{ \$\text{Certified Copy} & Certified Copy} & Certifie	,
MAILING ADDRESS: STREET/COURIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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	Fig. 3
NOGATOP SERVICES, LLC	FS
2. The Articles of Organization were filed on U5/01/2	2008 and assigned document numbe
3. The date the dissolution was approved: 05/28/20	09
4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back cov	d liability company's dissolution pursuant to section er letter).
· · · · · · · · · · · · · · · · · · ·	CIENT BUSINESS TO MAKE IT A VIABLE CONCERNING THE COMPANY
5. CHECK ONE:	
All debts, obligations and liabilities of the lin	nited liability company have been paid or discharged.
	ed among its members in accordance with their respective
7. CHECK ONE:	
	•
Adequate provision has been made for the sate entered against it in any pending suit.	tisfaction of any judgment, order or decree which may be
gnatures of the members having the same percentage of m	nembership interests necessary to approve the dissolution:
Signature	Printed Name
Gur Mur	SILVIA N GARCIA
··· / ···	

FILING FEE: \$25.00