

LO8000111625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

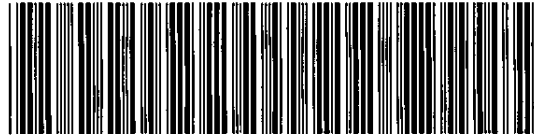
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
15 JUN 12 AM 11:08
TALLAHASSEE, FLORIDA
FILED
15 JUN 12 PM 12:58
SECRETARY OF STATE

JUN 30 2015

J SHIVERS

3571



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 15, 2015

CSC

SUBJECT: N50PS-1 LLC
Ref. Number: L08000111625

We have received your document for N50PS-1 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 415A00012457

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 666684 8941A

AUTHORIZATION : *[Signature]*

COST LIMIT : \$25.00

ORDER DATE : June 12, 2015

ORDER TIME : 9:27 AM

ORDER NO. : 666684-005

CUSTOMER NO: 8941A

DOMESTIC FILINGS

NAME: N50PS-1, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER'S INITIALS: _____

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

1. The name of a limited liability company is

N50PS-I, LLC

2. The Articles of Organization were filed on 12/05/2008 and assigned

document number 1.08000111625

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).

Cease to do 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: N50PS Manager, Inc., by Robert Mantovani, Director

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:

/s/ Robert Mantovani, Director

Signature

Robert Mantovani, Director

Printed Name

FILING FEE: \$25.00

FILED
15 JUN 12 PM 12:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA