(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

The Nedla Group, 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:

Charles E. Hood					
(Name of Person)					
The Alden Group					
(Firm/Company)					
3841 Arlington St.					
(Address)					
Fort Myers, Fl. 33901					

(City/State and Zip Code)

For further information concerning this matter, please call:

Charles E. Hood

,239

9106267

(Name of Person)

(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/COURIER ADDRESS:

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				
	The Alden Group LLC				
2.	The Articles of Organization	were filed on March	25, 2009	_ and assigned	
	document number 1.0900002	8887			
3.	The delayed effective date the (effective of Note: If the date inserted in the listed as the document's effective date the second of the listed as the document's effective date the date inserted in the listed as the document's effective date the second of the listed as the document's effective date the second of the listed as the document's effective date the second of the listed as the listed as the listed as the listed as the document's effective date the second of the listed as the document's effective date the listed as the	date cannot be prior to or raise block does not meet t	nore than 90 days later than date on the applicable statutory filing re-	: locument is received for filing) equirements, this date will not be	
4.	A description of occurrence 605.0707, Florida Statutes, (c	that resulted in the lir copy 605.0707 on bac	nited liability company's di k cover letter).	ssolution pursuant to section	
	Went out of that business.			<u> </u>	
				-T	
5.	If there are no members, ente activities and affairs:		ss of the person appointed t Arlington St., Fort Myers, Fl.	•	
6. lis	Signature of an authorized peted above to wind up the com	erson or if there are no pany's activities and	o members, the signature of affairs:	the person appointed and	
	Charles & Moro	el	Charles E. Hood		
Signature		Printed Name			

FILING FEE: \$25.00