

LOS000 029793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

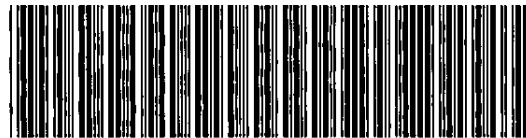
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800260544478

05/29/14--01013--015 \*\*55.00

RECEIVED  
14 MAY 29 AM 10:13  
SOUTH FLORIDA  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NUKALI, L.L.C.  
(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:

ANTHONY A BERNARDI  
(Name of Person)

NUKALI, L.L.C.  
(Firm/Company)

11125 PARK BLVD #104-121  
(Address)

SEMINOLE FL 33772  
(City/State and Zip Code)

For further information concerning this matter, please call:

ANTHONY A BERNARDI at (727) 421-1253  
(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

NUKALI, L.L.C.

2. The Articles of Organization were filed on MARCH 26 2009 and assigned

document number L09000029793

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)

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).

LACK OF SALES AND REVENUE TO SUSTAIN 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:

ANTHONY A BERNARDI

11125 PARK BLVD #104-121

SEMINOLE FL 33772

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:

Anthony Bernardi  
Signature

ANTHONY A. BERNARDI  
Printed Name

**FILING FEE: \$25.00**

14 MAY 2009 PM 10:13  
STATE OF FLORIDA  
TALLAHASSEE