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APR 1 5 2020 IALBRITTON

COVER LETTER

'O: Registration Division of	n Section *Corporations			
New D UBJECT:	ew Directions of Central Florida LLC (Name of Limited Liability Company)			
JBJECI.				
ne enclosed Article	es of Dissolution and fee(s) are subn	mitted for filing.		
ease return all con	respondence concerning this matter	to the following:		
	Jack	k N Chappell		
	(1)	Name of Person)		
	New Directions of Central Florida LLC			
	(Firm/Company)			
	9425 SE Hwy 42			
	(Address)			
	Summerfield, FL 34491			
	(City/	(State and Zip Code)		
or further informat	ion concerning this matter, please ca	all:		
Jack N Cha	appell	352 239-3080 at (
	(Name of Person)	(Area Code & Daytime Telephone Number	r)	
ciosed is a check fo	r 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 Ac	<u>ldress:</u>	Street Address:		
_	ion Section	Registration Section		
Division P.O. Box	of Corporations	Division of Corporations The Centre of Tallahassee		
	ree, FL 32314	2415 N. Monroe Street, Suite 810		
rananass	CC, I D JEJIT	Tallabaccae Fl. 20203		

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	ARTICLES OF DISSOLUT FOR A LIMITED LIABILITY COM	
I. The name of a limited lial New Directions of Central F	• •	7.2
	ion were filed on April 27, 2009	•
document number L09000	040421	
Note: If the date inserted is listed as the document's eff	ective date on the Department of State's rec	ater than date document is received for filing) tutory filing requirements, this date will not be
	(copy 605.0707 on back cover letter). 1/2019 has decided to close the business an	d no longer be an active corporation.
Managing member as of 12/3	1/2019 has decided to close the business and	d no longer be an active corporation.
Managing member as of 12/3	1/2019 has decided to close the business and	no longer be an active corporation.
	nter the name and address of the person Jack N Chappell	appointed to wind up the company's
	5033 NW 35th Place	
	Ocala, FL 34482	
Signature of an authorized bove to wind up the compan	person or if there are no members, the sy's activities and affairs:	signature of the person appointed and listed
	Jack N Chap	pell
Signature		Printed Name

FILING FEE: \$25.00