

LOS 0000 57728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

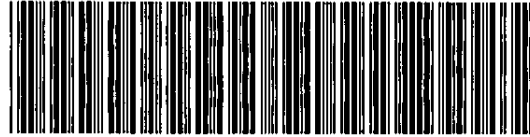
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/24/15--01039--007 **25.00

FILED
15 MAR 24 PM 12:33
CLERK OF SUPERIOR COURT
CALIFORNIA COUNTY OF LOS ANGELES

APR 15 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NTS VICTOR PROPERTIES, 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:

Thomas P. Spatola

(Name of Person)

NTS VICTOR PROPERTIES, LLC

(Firm/Company)

255 Stonewell Dr.

(Address)

Saint Johns, FL 32259

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas P. Spatola

(Name of Person)

at (

941

416-4848

(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:

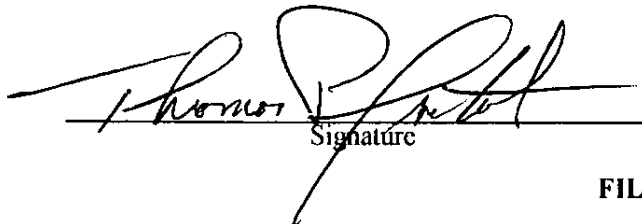
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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
NTS VICTOR PROPERTIES, LLC
2. The Articles of Organization were filed on June 12, 2009 and assigned
document number L09000057728
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).
The company has ceased to conduct business and members want to dissolve the
company.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Thomas P. Spatola
255 Stonewell Dr.
Saint Johns, FL 32259
941-416-4848
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:



Signature

Thomas P. Spatola

Printed Name

FILING FEE: \$25.00

FILED
15 MAR 24 PM 2:33