

LC9000 06/15/14

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 07 2015
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NLBF Partners 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:

LOUIS BERLIN

(Name of Person)

(Firm/Company)

19651 NE 19 PL

(Address)

MIAMI FL 33177

(City/State and Zip Code)

For further information concerning this matter, please call:

LOUIS BERLIN

(Name of Person)

at (305) 778

(Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

NLBF PARTNERS, LLC

2. The Articles of Organization were filed on 6/25/09 and assigned

document number LO9 000061814

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).

DISPOSED OF ASSETS + CEASED OPERATIONS

NO OUTSTANDING LIABILITIES

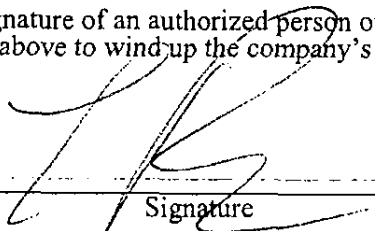
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

LOUIS BARLIN

19651 NE 19th

MIAMI, FL 33179

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

LOUIS BARLIN

Printed Name

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA