109000081266

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Stat	us			
Special Instructions to Filing Officer:				
	1			

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SECRETARY OF STATE
SECRETARY OF STATE

K. SALY NOV 17 2017

COVER LETTER

•	•
TO:	Registration Section
ī	Division of Corporations

SUBJECT: NOCAR 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:

Alvaro Castillo
(Name of Person)
Castillo & Associates
(Firm/Company)
1390 Brickell Avenue Suite 200
(Address)
Miami, FL 33131
(City/State and Zin Code)

For further information concerning this matter, please call:

Alvaro Castillo	_{at (} 305	371-5540	
(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 &	

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

Certified Copy (additional copy is enclosed)

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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2017 NOV 16 PN 3:43

SECNETARY OF STATE

1.	The name of a limited liability of NOCAR, LLC	ompany is		SECKETARY OF IALLAHASSEE, F
2.	The Articles of Organization wer	re filed on	and as	signed
	document number L09000081266			
3.	The delayed effective date the di (effective date of Note: If the date inserted in this blacked as the document's effective d	cannot be prior to or more than 9 ock does not meet the application	90 days later than date document able statutory filing requirement	is received for filing) ents, this date will not be
4.	A description of occurrence that 605.0707, Florida Statutes, (copy	resulted in the limited liab 605.0707 on back cover l	oility company's dissolutio etter).	n pursuant to section
	Company is no longer in business an	id has liquidated its operation	is.	
			•	
5.	If there are no members, enter the activities and affairs:	e name and address of the	person appointed to wind	up the company's
				····
				
6. Iis	Signature of an authorized person sted above to wind up the company	n or if there are no membe y's activities and affairs:	ers, the signature of the per	son appointed and
	~		Carlos A. Calderon Gutier	π e z
	Signature		Printed Name	

FILING FEE: \$25.00