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(Re	equestor's Name)	
(Address)		
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(6)	hulStata (Zin l'Ohan	. 40
(CI	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(De	ocument Number)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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**EXAMINER** 

## **COVER LETTER**

TO:

TO: Registration Section Division of Comporations		
SUBJECT: Nick's Irrigation Sc (Name of Limited L	iability Company)	
The enclosed Articles of Dissolution and fee(s) are submitted for Please return all correspondence concerning this matter to the f	•	
Dominick Calins	Person)	
Nick's Irrigation (Firm/Co	Scruices, LLC mpany)	
3206 S Hopkins	,	
THUSUILL FL 327	7 & O d Zip Code)	
For further information concerning this matter, please call:		
Dominick Colinski,  (Name of Person)		
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:	STREET/COURIER ADDRESS	
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

#### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
Nick's Irrigation Services, LLC
2. The Articles of Organization were filed on Nov 19, 2009 and assigned
document number <u>L09000111850</u>
3. The delayed effective date the dissolution if not effective on the date of filing: Ap6. 4, 2014 (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).
No longer doing 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: Dominick Colinsk.'
3206 5 Hupkins Are 214A
T.tusuille FL 32780
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:
Dominick Colinski
Signature Printed Name

**FILING FEE: \$25.00** 

### **Notice of Limited Liability Company Dissolution**

#### **NOTE:** This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Nicks I (rightion Scrulce Document number of Limited Liability Company is: L09000111850	SILLC	_
Document number of Limited Liability Company is: L09000 111 850		_
Date of dissolution was: April 4 2014		
Description of information that must be included in a written claim:		
proof of dalm		<del></del>
		_
		_
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Cor	porations)	to the second of
3206 S Hopkins Are 214A Thusulle FL 32780	- 55 5 00 - 55 00	
	- ,.· · <del>-</del> -	

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00