

LO9000121102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

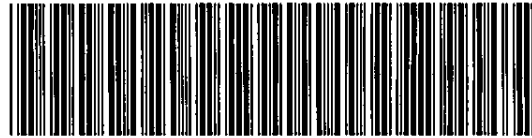
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
14 MAR 17 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAR 18 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NURSING PRACTICE EXAMS 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:

Sherry Taitz

(Name of Person)

(Firm/Company)

345 Lincoln Road

(Address)

Miami Beach, Florida 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

Sherry Taitz

(Name of Person)

305

at (

333-1218

(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
NURSING PRACTICE EXAMS LLC
2. The Articles of Organization were filed on 12/22/2009 and assigned
document number L09000121102
3. The delayed effective date the dissolution if not effective on the date of filing: 01/01/2014
(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).
not profitable
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Sherry Taitz
1623 Collins Avenue # 915
Miami Beach, Florida 33139
(305) 333-1218
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:

Sherry Taitz
Signature

Sherry Taitz
Printed Name

FILING FEE: \$25.00

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