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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

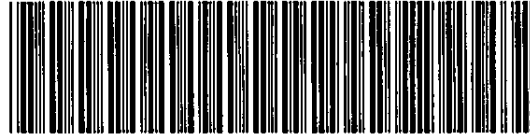
(Business Entity Name)

(Document Number)

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MAR 09 2015
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NOBILI AND ASSOCIATES, 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:

LIDIA NOBILI

(Name of Person)

(Firm/Company)

649 SE TANNER AV

(Address)

PORT ST. LUCIE, FL. 34984

(City/State and Zip Code)

For further information concerning this matter, please call:

LIDIA NOBILI

(Name of Person)

at (305) 297-2952

(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

DEPT OF STATE
TALLAHASSEE FLORIDA

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

1. The name of a limited liability company is

NOBILI AND ASSOCIATES, LLC

2. The Articles of Organization were filed on 03/29/2010 and assigned

document number L10000034665

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).

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:

LIDIA NOBILI

649 SE TANNER AV

PORT ST LUCIE, FL 34984

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

LIDIA NOBILI
Printed Name

FILING FEE: \$25.00

2015 FEB 26 PM 2:15

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