

11000900265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. DENNIS

NOV - 3 2023

Office Use Only



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10/30/23--01020--016 4455.00

2023 OCT 30 AM 11:07
REGISTRATION OF SECURITY
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FL/NORAPA, 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:

Raymond G. Robison

(Name of Person)

Fox McCluskey Bush Robison, PLLC

(Firm/Company)

3461 SE Willoughby Blvd.

(Address)

Stuart, FL 34994

(City/State and Zip Code)

For further information concerning this matter, please call:

Raymond G. Robison

772

287-4444

(Name of Person)

at ()

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

2023 OCT 30 AM 11:07
FILED
RECEIVED
FLORIDA SECRETARY OF STATE
2023 OCT 30 AM 11:07

1. The name of a limited liability company is
FL/NORAPA, LLC
2. The Articles of Organization were filed on September 24, 2010 and assigned
document number L10000100265
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).

Consent of all Members

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

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

Vincent P. Miraglia, Manager

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: FL/NORAPA, LLC

Document number of Limited Liability Company is: L10000100265

Date of dissolution was: October 25, 2023

Description of information that must be included in a written claim:

Name and Address of Claimant

Amount of Claim

Whether Claim is Secured or Contingent

Detailed Description of Type of Claim

Date Claim Arose

RECEIVED
FLORIDA DIVISION OF CORPORATIONS
2023 OCT 30 AM 11:07

FILED

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

66 North Sewall's Point Road

Stuart, FL 34996

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.

Vincent P. Miraglia, Manager

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