

L110000036912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

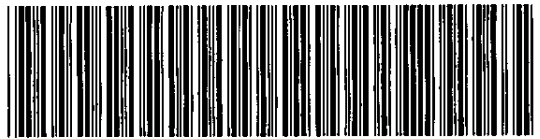
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/18/14--01020--005 **25.00

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2014 APR 18 PM 2:05

CLERK OF STATE
TALLAHASSEE, FLORIDA

APR 23 2014

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEOI TECHNOLOGY, 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:

CHRISTIAM CARDENAS, ESQ.

(Name of Person)

LOUIS A. SUPRASKI, P.A.

(Firm/Company)

2450 NE MIAMI GARDENS DR. 2ND FLOOR

(Address)

MIAMI, FL 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

LOUIS A. SUPRASKI, ESQ.

(Name of Person)

305

at (

792-0060

(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

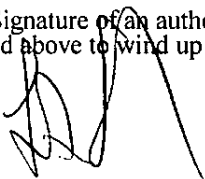
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CLERK OF THE COURT

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

1. The name of a limited liability company is
NEOI TECHNOLOGY, LLC
2. The Articles of Organization were filed on 03/28/2011 and assigned
document number L11000036912
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).
The consent of all the members of the company.

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

LOUIS A. SUPRASKI, ESQ.

Printed Name

FILING FEE: \$25.00

CLERK OF STATE
JANET H. SSEE
FLORIDA

2014 APR 18 PM 2:05

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