

L11000048164

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : WESTON CORPORATE ADMINISTRATION, LLC
Account Number : I20090000072
Phone : (954) 356-2905
Fax Number : (954) 337-8346

LLC DISSOLUTION OR WITHDRAWAL
NOFRET, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

14 APR -7 AM 7:00

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APR - 8 2013

T. HAMPTON

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NOFRET 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:

(Name of Person)

WESTON CORPORATE ADMINISTRATION LLC

(Firm/Company)

2225 N. COMMERCE PKWY., SUITE 4

(Address)

WESTON, FL 33326

(City/State and Zip Code)

For further information concerning this matter, please call:

JACQUELINE F. RODRIGUEZ

(Name of Person)

954 389 - 0729
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/COURIER ADDRESS:

**Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301**

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

1. The name of a limited liability company is
NOFRET LLC
2. The Articles of Organization were filed on 4/22/2011 and assigned
document number L11000048164
3. The delayed effective date the dissolution if not effective on the date of filing: 4/7/2014
(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).
THE COMPANY CEASE OPERATION
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**FEDERICO MARINI**

Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA

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