

L110000061190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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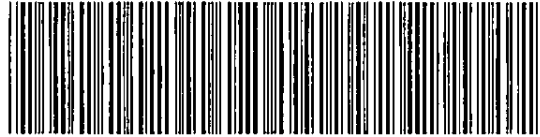
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 SEP 30 PM12:15

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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WALK IN

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DISSOLUTION

1. YORK NEB MANAGEMENT, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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

FILED

2024 SEP 30 PM 12:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

1. The name of a limited liability company is
YORK NEB MANAGEMENT, LLC

2. The Articles of Organization were filed on 11/23/2015 and assigned
document number L11000061190

3. The delayed effective date the dissolution is 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).
no longer conducting business

no longer conducting business

no longer conducting 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: Jonathan Silverman

3850 S. University Drive, #291327, Davie, FL 33329

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

Jonathan Silverman

Printed Name

FILING FEE: \$25.00