

L11000078794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

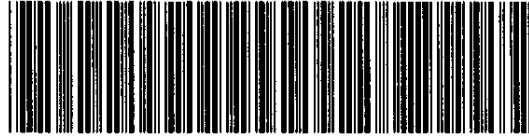
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300272180203

04/28/15--01003--003 \*\*61.25

RECEIVED

15 JUN 29 PM 3:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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15 JUN 29 PM 4:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 02 2015  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NCOGENT, 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:

John M. PAPPAS

(Name of Person)

(Firm/Company)

Box 172

(Address)

BASALT, CO 81621

(City/State and Zip Code)

For further information concerning this matter, please call:

John PAPPAS

(Name of Person)

at ( 305 ) 978 3354

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount

☒ \$25.00 Filing Fee and Certificate of Dissolution

( \$61.25 has been payed  
see attached )

☐ \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 6, 2015

JOHN PAPPAS  
PO BOX 2190  
SKYLAND, NC 28776

SUBJECT: NCOGENT, LLC  
Ref. Number: L11000078794

We have received your document for NCOGENT, LLC and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 115A00009339

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15 JUN 29 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

NCOGENT, LLC

2. The Articles of Organization were filed on 7/8/2011 and assigned

document number L11000078794

3. The delayed effective date the dissolution if not effective on the date of filing: April 20, 2015  
(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).

Business Dissolved

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

JOHN PAPPAS

Box 172

Basalt CO 81621

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

John PAPPAS  
Printed Name

**FILING FEE: \$25.00**

**FILED**  
15 JUN 29 PM 4: 15  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA