

211000097366

(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



100266027541

11/03/14--01029--003 **25.00

FILED
2014 NOV -3 PM12:07
CLERK OF STATE
TALLAHASSEE FLORIDA

NOV 05 2014

J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEXSTEP, L.L.C.

(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:

DAVID HAMMOND

(Name of Person)

NEXSTEP, L.L.C.

(Firm/Company)

P.O. BOX 121023

(Address)

CLERMONT, FL 34712-1023

(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID HAMMOND

(Name of Person)

352

255-4287

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

FILED
2014 NOV -3 PM 12:08
CLERK OF STATE
TALLAHASSEE FLORIDA

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

1. The name of a limited liability company is
NEXSTEP, L.L.C.
2. The Articles of Organization were filed on AUGUST 24, 2011 and assigned
document number L11000097366
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).
HAVING COMPLETED ITS INTENDED OBJECTIVE, IT IS THE CONSENT OF
ALL THE MEMBERS THAT NEXSTEP, L.L.C. BE DISSOLVED.
5. If there are no members, enter the name and address of the person appointed to wind up the company
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:

David Hammond
Signature

DAVID HAMMOND
Printed Name

FILING FEE: \$25.00

2011 NOV -3 PM 12:08
CLERK OF STATE
TALLAHASSEE FLORIDA

FILED