L11 000 114377

(Requestor's Name)								
(Address)								
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(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Submoss Endly (turns)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								





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05/27/14--01019--004 **25.00





COVER LETTER

10:	Division of Corporations					
CUDI	Nu Smart World LLC					
SUBJI	(Name of Limite	d Liability Compan	y)			
The en	closed Articles of Dissolution and fee(s) are submitte	d for filing.				
Please	return all correspondence concerning this matter to the	he following:				
	Karen Elordi					
	(Name	e of Person)				
Nu Smart World LLC						
(Firm/Company)						
321 SW 15th Street						
	(A)	(ddress)				
	Boca Raton, Fl 33432					
	(City/State	e and Zip Code)				
For fur	ther information concerning this matter, please call:					
	Karen Elordi	561 at (756-8977			
	(Name of Person)	(Area Co	de & Daytime Telephone Number)			
Enclose	rd 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:		STRI	EET/COURIER ADDRESS:			
		tration Section				
	Division of Corporations P.O. Box 6327		ion of Corporations on Building			
	Tallahassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabil Nu Smart World LLC	ity company is					
2.	The Articles of Organization	and ass	and assigned				
	document number						
3	The delayed effective date the dissolution if not effective on the date of filing:			May 3	May 31, 2014 ocument is received for filing)		
٥.	(effective	than date document is					
4.	A description of occurrence 605.0707, Florida Statutes, (Termination of business	copy 605.0707 c	the limited liability com n back cover letter).	pany's dissolution	pursuant t	o section	
•					,		
5.	If there are no members, ent activities and affairs:	er the name and Karen Elordi		ppointed to wind u	p the comp	oany's	
		321 SW 15th	Street				
		Boca Raton	FL 33432		ι.		
						15 to	
6. lis	Signature of an authorized pated above to wind up the con	person or if there appany's activitie	are no members, the sign and affairs:	gnature of the perso	on appoint	ed and	
	Karen Elord	•	Karen Eloro	ik		- <u>-</u> 2 5	
7	Signature			Printed Name	موزير		

FILING FEE: \$25.00