

L12000007475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

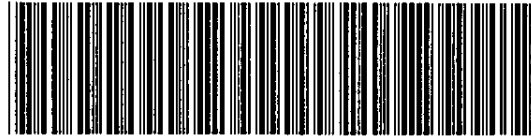
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600267385876

12/16/14--01003--013 \*\*25.00

FILED  
2014 DEC 16 PM 1:46  
CLERK OF COURT  
TALLAHASSEE, FLORIDA  
DEC 19 2014  
T CLINE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NEW HAVEN FINANCIAL 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:

AMOS ARGENTINI

(Name of Person)

NEW HAVEN FINANCIAL LLC

(Firm/Company)

1400 CENTREPARK BLVD #960

(Address)

WEST PALM BEACH FL 33401

(City/State and Zip Code)

2014 DEC 16 PM 1:45  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

AMOS ARGENTINI

(Name of Person)

at ( 561 ) 400-6977

(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

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

1. The name of a limited liability company is  
NEW HAVEN FINANCIAL LLC

2. The Articles of Organization were filed on JANUARY 17, 2012 and assigned  
document number L12000007475

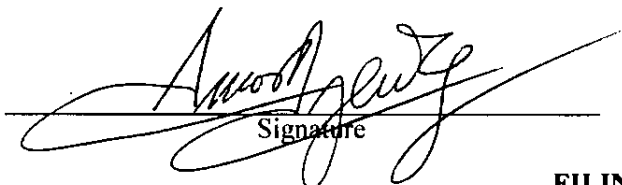
3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

THE COMPANY HAS CEASED ALL OPERATIONS PER UNANIMOUS DECISION  
OF ITS MEMBERS.

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

AMOS ARGENTINI

Printed Name

**FILING FEE: \$25.00**

2014 DEC 16 PM 1:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED