

4200002538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

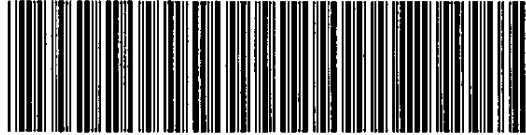
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100270914291

04/16/15--01013--004 **25.00

FILED
2015 APR 16 PM 1:40
CLERK OF STATE
TALLAHASSEE FLORIDA

APR 27 2015
10:00 AM
CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NINA B, 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:

JOSEPH BRACCIO

(Name of Person)

JOE BRACCIO, INC.

(Firm/Company)

16607 US HWY 19

(Address)

HUDSON, FL 34667

(City/State and Zip Code)

For further information concerning this matter, please call:

KATY WISNER

(Name of Person)

at (727) 862-1300

(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
2015 APR 16 PM 1:40
TALLAHASSEE
FLORIDA
CLERK OF STATE

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

1. The name of a limited liability company is
NINA B, LLC
2. The Articles of Organization were filed on 05/07/2012 and assigned
document number L12000062538
3. The delayed effective date the dissolution if not effective on the date of filing: 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).

PURSUANT TO CONSENT OF ALL 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: JOSEPH BRACCIO

16607 US HWY 19

HUDSON, FL 34667

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

JOSEPH BRACCIO

Printed Name

FILING FEE: \$25.00

2015 APR 16 PM 1:40
SECRETARY OF STATE
TALLAHASSEE FL 32399

FILED