

#L12000076440

(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:

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04/29/14--01005--021 \*\*25.00

FILED

2014 JUN 27 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

JUN 27 2014



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 7, 2014

NAKALE LLC  
NICOLE MORRIS  
1440 CORAL RIDGE DR. #429  
CORAL SPRINGS, FL 33071

SUBJECT: NAKALE LLC  
Ref. Number: L12000076440

We have received your document for NAKALE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 714A00009787

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Nakale LLC

**DOCUMENT NUMBER:** L12000076440

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Nicole Morris**

(Name of Contact Person)

**Nakale LLC**

(Firm/Company)

**1440 CORAL RIDGE DRIVE # 429**

(Address)

**CORAL SPRINGS, FL 33071**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Nicole Morris**

(Name of Contact Person)

at **(954)**

(Area Code)

**800-0227**

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy  
(Additional copy is enclosed)

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED  
2014 JUN 27 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Nakale LLC

2. The Articles of Organization were filed on 6/08/2012 and assigned

document number L12000076440

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).

No Profit made So Company closed.

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

Christopher Morris

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:

N. Morris

Signature

N. Morris

Printed Name

FILING FEE: \$25.00

## Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "*Notice of Limited Liability Company Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Nakale LLC

Document number of Limited Liability Company is: L12000076440

Date of dissolution was: 6/5/2013

Description of information that must be included in a written claim:

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2014 JUN 27 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

1440 Coral Ridge Drive #429

Coral Springs, FL 33071

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A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Nicole Morris

Printed Name of the Person Filing



Signature of the Person Filing