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Office Use Only



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5. YOUNG

## **COVER LETTER**

TO: Registration Section

Div	rision of Corporations		
SUBJECT:	NIMA GROUP LLC		
	(Name of Limi	ited Liability Comp	any)
The enclosed	d Articles of Dissolution and fee(s) are submi	itted for filing.	
Please return	all correspondence concerning this matter to	the following:	
	MATHEW NINAN		
	(Na	me of Person)	
	NIMA GROUP LLC		
	(Fi	rnı/Company)	
		(Address)	
	12421 NORTH FLORIDA AVENUE, U	INIT # 117, TAMPA	A, FL-33612
	(City/St	ate and Zip Code)	
For further in	nformation concerning this matter, please call	l:	
МА	THEW NINAN	813 at (	2058028
	(Name of Person)		ode & Daytime Telephone Number)
Enclosed is a c	theck for the following amount:		
<b>■</b> \$25.	00 Filing Fee and Certificate of Dissolution	S55.00 Filing Certified C	g Fee. Certificate of Dissolution & Copy (additional copy is enclosed)
	ling Address: gistration Section	Street Address	
_	rision of Corporations	Registration Division of	Section Corporations
P.O	D. Box 6327	The Centre of	of Tallahassee
Tal	lahassee, FL 32314	2415 N. Mo Tallahassee,	nroe Street, Suite 810 FL 32303

### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited lia	ability company is  NIMA GROUP LLC	~)
		<u>.</u>
2. The Articles of Organiza	ntion were filed on September 18, 2012	and assigned A
document number L1200	00118901	and assigned in the second sec
Note: If the date inserted	te the dissolution if not effective on the date of the date cannot be prior to or more than 90 days later the in this block does not meet the applicable statutory of the date on the Department of State's records.	of filing: 12-31-2020 and date document is received for filing.  y filing requirements, this date will not be
4. A description of occurre 605.0707, Florida Statute Out of Business	nce that resulted in the limited liability compaes, (copy 605.0707 on back cover letter).	ny's dissolution pursuant to section
Out of Business		
Out of Business		
5. If there are no members, activities and affairs:	enter the name and address of the person appe Mathew Ninan	ointed to wind up the company's
	12421 North Florida Avenue, Unit # 117	
	Tampa, FL 33612	
6. Signature of an authorize above to wind up the compa	ed person or if there are no members, the signal and affairs:	ture of the person appointed and listed
	MATHE	W NINAN
Signature	FILING FEE: \$25.00	Printed Name

## Notice of Limited Liability Company Dissolution

#### NOTE: This page is optional

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.

TAMPA. FL 33612  A claim against the above named limit claim is commenced within 4 years aft  MATHEW NINAN  Printed Name of the Person Filing	ted liability company will be barred unless a proceeding to enforce the ser the filing of this notice.
TAMPA, FL 33612  A claim against the above named limit	ted liability company will be barred unless a proceeding to enforce the
	NUE, UNIT # 117
	NUE, UNIT # 117
	NUE, UNIT # 117
MATHEW NINAN	
Mailing address where claims can be s	sent: (Claims cannot be sent to the Division of Corporations)
<del></del>	
We are closing down the business due to	No business situation
Description of information that must b	e included in a written claim:
	<del></del>
Date of dissolution was: 12-31-2020	
Document number of Limited Liability  Date of dissolution was:   12-31-2020	y Company is:

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00