

L12 000131602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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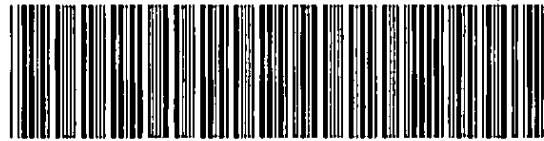
(Business Entity Name)

(Document Number)

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

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02/22/21--01017--001 \*\*25.00

APR 07 2021

R. HUNT

2021 FEB 22 PM 12:07

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Nova Port Orange, 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:

William C Lloyd

\_\_\_\_\_  
(Name of Person)

Nova Port Orange, LLC

\_\_\_\_\_  
(Firm/Company)

147 2nd Ave S, Ste 400

\_\_\_\_\_  
(Address)

St Petersburg, FL 33701

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

William C Lloyd

727

895-2150

at (

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_) \_\_\_\_\_  
(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:**

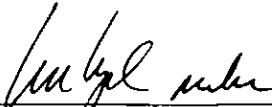
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

1. The name of a limited liability company is  
Nova Port Orange, LLC
2. The Articles of Organization were filed on 10/16/2012 and assigned  
document number L12000131602
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)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be  
listed as the document's effective date on the Department of State's records.
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).  
Unanimouse Consent of all Members  
Unanimouse Consent of all Members  
Unanimouse 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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

William C Lloyd

Printed Name

**FILING FEE: \$25.00**

2011-FEB-22 PM 12:07

DEPT OF STATE  
DIVISION OF CORPORATE FILING