

L12 000 134747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J. Stivers JUL 03 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLN Services, 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:

Lynn E. Nocifora
(Name of Person)

FLN Services, LLC
(Firm/Company)

779 Pelican Ct.
(Address)

Marco Island, FL 34145
(City/State and Zip Code)

For further information concerning this matter, please call:

Lynn Nocifora at (815) 608 4285
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution
ck# 1012
Chau

☐ \$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

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

1. The name of a limited liability company is

FLN Services, LLC

2. The Articles of Organization were filed on 10-23-12 and assigned

document number L 12000134747

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).

Sold watercraft that had
been leased for rental

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

Lynn Nocifora
779 Pelican Ct
Marco Is., FL 34145

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:

Lynn E. Nocifora
Signature

Lynn E. Nocifora
Printed Name

FILING FEE: \$25.00

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