

L12000161557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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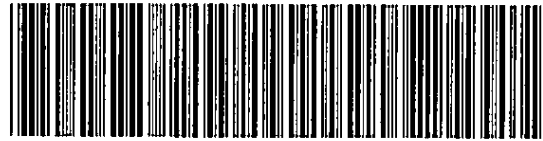
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** New Smyrna Beach Citizens for Smart Growth, 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:

Lillian Conrad

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

Conrad Consulting Corporation

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

P O Box 1359

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

Edgewater, FL 32132

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

For further information concerning this matter, please call:

Lillian Conrad

386

409-7881

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

New Smyrna Beach Citizens for Smart Growth, LLC

2. The Articles of Organization were filed on 12/26/2012 and assigned

document number L12000161557

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).

COMPANY CEASED BUSINESS ACTIVITIES MORE THAN 180 DAY AGO

ALL REMAINING MEMBERS & OFFICERS RESIGNED) AND TURNED

IN THEIR INTERESTS TO THE CORPORATION. THERE ARE NO ASSETS

OR LIABILITIES. THERE ARE NO KNOWN CLAIMS

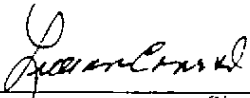
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Lillian Conrad, Conrad Consulting Corporation, Registered Agent

P O Box 1359, Edgewater FL 32132

Physical Address: 305 Magnolia St., New Smyrna Beach, FL 32168, ...

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

LILLIAN CONRAD, CONRAD CONSULTING CORPORATION

Printed Name

**FILING FEE: \$25.00**