# V8NE10000E17

equestor's Name)				
ddress)				
ddress)				
(City/State/Zip/Phone #)				
☐ WAIT	MAIL			
usiness Entity Nam	ne)			
(Document Number)				
Certificates	of Status			
Special Instructions to Filing Officer:				
	ddress)  ddress)  ity/State/Zip/Phone  WAIT  usiness Entity Nam  ocument Number)  Certificates			

Office Use Only



400283336944

03/16/16--01018--027 \*\*2.50

12/07/15--01006--025 \*\*52.50



MAR 1 7 2016

**3** MASON

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Dissolution of Wimb (Name of Limited L as Proserve Cloud h	ous Books LLC formury Known ouks LLC
The enclosed Articles of Dissolution and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the	following:
	(ress)
For further information concerning this matter, please call:	
Frank Zomer Fel P (Name of Person)	at (
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee and Certificate of Dissolution	S55.00 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	Almong Tomouth chuch.  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MCWFU.
	metaful.

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is  Nimbus B. Ks LL C				
2.	The Articles of Organization were filed on <u>Tanuary 24, 2013</u> and assigned				
	document number				
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).				
	Entity never began trading. Sole member				
	abandoned attempts to start trading and				
	dissilvae the entity.				
	<b>,</b>				
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:				
	16610 SW 77 Court				
	Polmetto Boy, Klorida 77157				
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:				
7	hoort Me Frank A-Zomer Full Printed Name				
/	FILING FEE: \$25.00				
•	AND F IN				

### 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.

Name of Limited Liability Company: Nimbus Bills ILC	
Document number of Limited Liability Company is: L1300001286	
Date of dissolution was: December 1 2015	
Description of information that must be included in a written claim:	
Name, oddress, amont it dain, description.	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  Tranh Zamuful  1410 JW 71 Grut  Pumutto By Fr 77157	
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.  Printed Name of the Person Filing  Signature of the Person Ving	_

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

14:58

Inquire By Deposit Number

03/15/16

DEP Page 0025/0027

: 12/07/15 01006 025 52.50Deposit Number Deposit Amount : Account Number Deposit Balance:

Debit Memo Date:

0.00

Refund Request Date: Refund Mail Date

Void Date:

Refund Amount

0.00

User ID : EODOM

Requester

DOC Page 0001/0001

Tracking Number

Category

: 900279401719

Document Number: 900279401719

Ledger Date

CERT

CF

: 12/07/15

Sub Account Number:

Document Requester :

Description Amount 17.50 CERTIFICATION 35.00 ALL CORP FILING FEES

Please this