

L13 000041527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

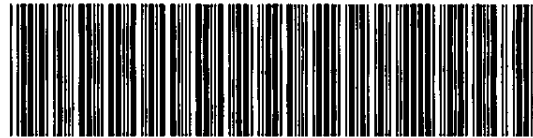
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 MAY 16 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 22 2014

T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NASAFAER, 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:

KATHLEEN MCCORMICK

(Name of Person)

NASAFAER, LLC

(Firm/Company)

P.O. Box 6292

(Address)

Lake Worth, FL 33466

(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAY 16 PM 2:05

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For further information concerning this matter, please call:

KATHLEEN MCCORMICK

(Name of Person)

at (

561

210-7436

(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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of a limited liability company is

NASAFER, LLC

2. The Articles of Organization were filed on 3/20/2013 and assigned

document number L13000041527

3. The delayed effective date the dissolution if not effective on the date of filing: N/A
(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).

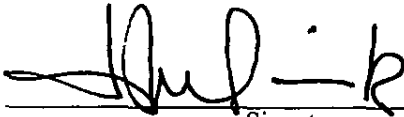
The sole managing member has decided she has no need to maintain this Limited

Liability Company

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

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TALLAHASSEE, FLORIDA

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

KATHLEEN MCCORMICK

Printed Name

FILING FEE: \$25.00