L 13000 115166

(Re	equestor's Name)					
(Ac	ldress)					
(Ac	ldress)					
(City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL				
(Bu	usiness Entity Nai	me)				
(Document Number)						
Certified Copies	_ Certificate	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



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05/29/14--01006--002 **25.00



COVER LETTER

TO:		istration Section ision of Corporations		
SUBJE	ECT:	Nancy Bourquardez LLC		
0020		(Name of Limit	ed Liability Compa	any)
The end	closed	Articles of Dissolution and fee(s) are submitted	ted for filing.	
Please	return	all correspondence concerning this matter to	the following:	
		Nancy Bourquardez		
		(Nan	ne of Person)	
			n/Company)	
		10801 Great Whiteoaks Lane		
		(Address)	
		Thonotosassa, FL 33592		
		(City/Sta	te and Zip Code)	
For furt	her in	formation concerning this matter, please call:		
	Na	ncy Bourquardez	813	982-9257
		(Name of Person)	(Area C	ode & Daytime Telephone Number)
Enclosed	l is a c	heck for the following amount:		
	\$25.0	00 Filing Fee and Certificate of Dissolution	- \$55.00 Filir	ng Fee, Certificate of Dissolution &

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

Certified Copy (additional copy is enclosed)

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liab	ility company is				
	Nancy Bourquardez L	LC				
2.	The Articles of Organization document number L1300		just 15, 2013	and ass	signed	·
3.	The delayed effective date (effective	the dissolution if not e date cannot be prior to or	effective on the date or r more than 90 days later th	of filing: nan date document i	s received fo	r filing)
4.	A description of occurrence 505.0707, Florida Statutes,	e that resulted in the l (copy 605.0707 on ba	imited liability compa	ny's dissolution	pursuant	to section
	Company was closed a	and did not start be	usiness operations	as planned.		
		<u>.</u>				
•	7.70					
	If there are no members, enter the name and address of the person appointed to wind up the comparactivities and affairs: Nancy Bourquardez 10801 Great Whiteoaks Lane					
		Thonotosassa, FL 33592				
						····
					\.\'	
ist	Signature of an authorized ped above to wind up the con	person or if there are numbers and	no members, the signa l affairs:	ture of the perso	on appoint	ed and
					77.7	15.5
Ą	ne Bour	-Mardez	Nancy Bourqu	ardez		100 m
<u> </u>	WL POWE Signature	-uardez		rinted Name		

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