

L14000012892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

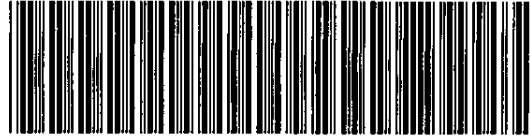
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/06/15--01004--024 **35.00

FILED
15 APR 28 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY - 5 2015
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Noli's Staffing 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:

Nolimar Malave
(Name of Person)

Noli's Staffing LLC
(Firm/Company)

3800 NE 21st Ave Apt 12
(Address)

Lighthouse Point, FL 33064
(City/State and Zip Code)

For further information concerning this matter, please call:

Nolimar Malave at (954) 608-6306
(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/COURIER ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2015

NOLIMAR A MALAVE
3800 NE 21 ST AVE
APT 12
LIGHTHOUSE POINT, FL 33064

SUBJECT: NOLI'S STAFFING LLC
Ref. Number: L14000012892

15 APR 30 AM 10:00
REGISTRATION SERVICES

We have received your document for NOLI'S STAFFING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 015A00003128

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Noli's Staffing LLC

2. The Articles of Organization were filed on 01/23/2014 and assigned

document number L14000012892

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).

The members revoked the
"Not economically viable"

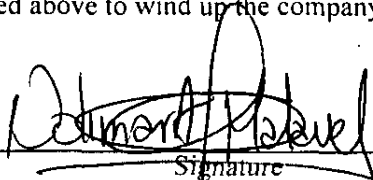
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Nolimar Malave

3800 NE 21st Ave #12

Lighthouse Point, FL 33064

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

Nolimar Malave
Printed Name

FILING FEE: \$25.00

FILED
15 APR 28 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA