

L14 0000 37867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

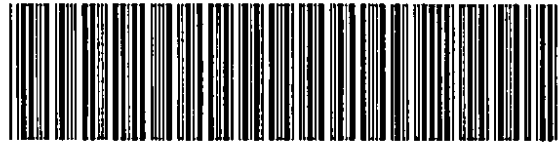
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/27/19--01017--012 **25.00

APPROVED
AND
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2019 MAR 27 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FL 09171

T.G.
3/28/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEXGENPM 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:

REESE, WILLIAM S
(Name of Person)

NEXGENPM LLC
(Firm/Company)

12705 NW 116TH PLACE
(Address)

ALACHUA, FL 32615
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FL 0911

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For further information concerning this matter, please call:

Dawn Reese at 352 318-5207
(Name of Person) (Area Code & Daytime Telephone Number)

OR 352-318-5270

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
NEXGENPM LLC

2. The Articles of Organization were filed on 03/06/2014 and assigned
document number L14000037867

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2018
(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).

Death

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

activities and affairs:

Dawn Reese

12705 NW 116 PL

Alachua, FL 32615

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

Dawn Reese (spouse)

Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA

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AND
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