

C14 0000 41827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

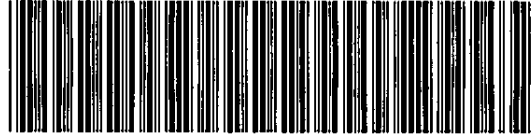
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900271700199

04/13/15--01018--014 **25.00

FILED
15 APR 13 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 23 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEWSALLY 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:

Josh Benson

(Name of Person)

(Firm/Company)

495 Brickell Avenue #522

(Address)

Miami, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Josh Benson

(Name of Person)

612

at ()

281-5132

(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

NEWSALLY LLC

2. The Articles of Organization were filed on March 12, 2014 and assigned

document number L14000041827

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).

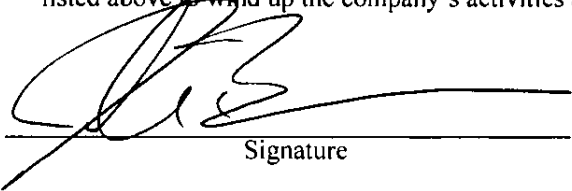
Management changes and lack of funding.

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

495 Brickell Avenue #522

Miami, FL 33131

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

Joshua Benson

Printed Name

FILING FEE: \$25.00

FILED
15 APR 13 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA