L140000 44174

| (Re | questor's Name) | |
|-------------------------|------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| (Document Number) | | |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 0 5 2015 J. HARRIS

COVER LETTER

| | gistration Section vision of Corporations | | |
|--------------|--|---|---|
| SUDJECT. | NWS LLC | | |
| SUBJECT | (Name of Limit | ed Liability Compan | y) |
| The enclose | ed Articles of Dissolution and fee(s) are submit | ted for filing. | |
| Please retur | n all correspondence concerning this matter to | the following: | |
| | Nancy Smith | | |
| | (Nan | ne of Person) | |
| | NWS LLC | | |
| | (Fire | m/Company) | |
| | 2A Sunset Boulevard | | |
| | | (Address) | |
| | Ormond Beach, FL 32176 | | |
| | (City/Sta | ite and Zip Code) | |
| For further | information concerning this matter, please call: | | |
| N | lancy Smith | 386 | 441-5875 |
| | (Name of Person) | (Area Co | de & Daytime Telephone Number) |
| Enclosed is | a check for the following amount: | | |
| √ \$2 | 5.00 Filing Fee and Certificate of Dissolution | | g Fee, Certificate of Dissolution & ppy (additional copy is enclosed) |
| | MAILING ADDRESS: | | EET/COURIER ADDRESS: |
| | Registration Section Division of Corporations | Registration Section Division of Corporations | |

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| . The name of a limited liability comp | any is |
|---|--|
| 2. The Articles of Organization were fi | led on April 1, 2014 and assigned |
| document number L14000046174 | 1 |
| . The delayed effective date the dissol (effective date cannot | ution if not effective on the date of filing: |
| A description of occurrence that resu 605.0707, Florida Statutes, (copy 605) | ulted in the limited liability company's dissolution pursuant to section 5.0707 on back cover letter). |
| Terminate service | |
| | |
| | |
| | |
| | |
| | |
| | |
| 5. If there are no members, enter the na | ame and address of the person appointed to wind up the company's |
| activities and affairs: Nancy | y Smith, President |
| | |
| | |
| | |
| | |
| | |
| | |
| Signature of an authorized person or isted above to wind up the company's | r if there are no members, the signature of the person appointed and activities and affairs: |
| instead above to wind up the company s | |
| 2 Janes Smith | NANCY SMITH. |
| Signature | Printed Name |
| , 5 | FILING FEE: \$25.00 |
| | Printed Name FILING FEE: \$25.00 Printed Name LARY AN 28 |
| | SSERY 8 |
| | |
| | E P |