

L14000110508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

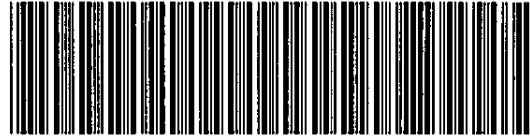
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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03/10/15--01008--001 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 MAR 10 PM 2:10

C.L.  
4-1-15

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Noble Enterprises 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:

Aloma E Noble

(Name of Person)

Noble Enterprises LLC

(Firm/Company)

11489 Anamoree Ln

(Address)

Jacksonville FL 32223

(City/State and Zip Code)

For further information concerning this matter, please call:

Aloma E Noble

(Name of Person)

904

262-4621

at ( )

(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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

15 MAR 10 PM 2:10

1. The name of a limited liability company is  
Noble Enterprises LLC
2. The Articles of Organization were filed on 07-14-2014 and assigned  
document number L14000110508
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).  
All shareholders agree  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Aloma E Noble  
11489 Anamoree Ln.  
Jacksonville, FL 32223  
\_\_\_\_\_
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:

Aloma E. Noble  
Signature

Aloma E Noble

Printed Name

FILING FEE: \$25.00

## Notice of Limited Liability Company Dissolution

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**NOTE: This page is optional**

15 MAR 10 PM 2:10

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Noble Enterprises LLC

Document number of Limited Liability Company is: L14000110508

Date of dissolution was: \_\_\_\_\_

Description of information that must be included in a written claim:

Name of creditor, Address, Invoice, Proof of claim.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

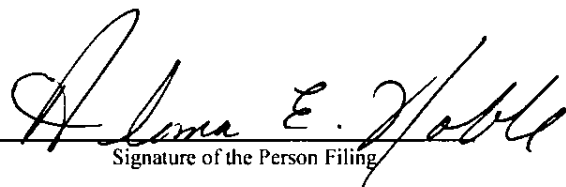
11489 Anamoree Ln, Jacksonville, Fl 32223

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Aloma E Noble

Printed Name of the Person Filing

  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**