# L14000110585

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(Re	equestor's Name)					
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(Address)						
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PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to	Filing Officer:					
<u>.</u>	Office Use On	.lv				



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2014 AUG 29 AM 11: 35 SECRETARY OF STATE

# **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: NEW age Nad 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:						
Monica ASM (Name of Person)						
(Firm/Company)						
7829 NW 111th Way (Address)						
Parkland, FL 33076 (City/State and Zip Code)						
For further information concerning this matter, please call:						
Moni Cu ASN at (954) 575-5700 (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 2014 AUG 29 AM 11: 35

1. 3	The name of a limited liability  New Ho	company is	LLC	SECH TALL	ETARY OF STATE AHASSEE, FLORIDA
2. 1	The Articles of Organization	,	14 14,201	und assig	gned
(	document number <u>L14</u> D0	50110585			
3. ′	The delayed effective date the (effective da	e dissolution if not el te cannot be prior to or r	ffective on the date nore than 90 days later	of filing: than date document is	received for filing)
4. <sub>6</sub>	A description of occurrence th 05.0707, Florida Statutes, (co	nat resulted in the lir opy 605.0707 on bac	nited liability comp k cover letter).	oany's dissolution p	oursuant to section
_	decided		bursuing		
-					
	If there are no members, enter	the name and addre	ess of the person ap	pointed to wind up	the company's
		7829 N	W IIIm	way	
		Parklar	idj FL 3.	3076	
6. S	Signature of an authorized pe ed above to wind up the comp	rson or if there are noany's activities and	o members, the sig affairs:	nature of the perso	n appointed and
•	m.asn		Mo	onica Ash	\ \
	Signature			Printed Name	

**FILING FEE: \$25.00**