

L14 000112058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

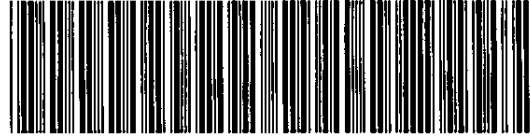
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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07/18/16--01033--014 **25.00

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16 JUL 18 PM 2:42
CLERK OF COURT
TALLAHASSEE, FLORIDA

JUL 20 2016

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NUSZ BUZZ ENTERPRISES, LLC
(Name of Limited Liability Company)

ⓐ Articles of Dissolution

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John W. Nusz
(Name of Person)

Nusz Buzz Enterprises, LLC
(Firm/Company)

~~2319 NW 20th Street~~ 2319 NW 20th Street
(Address)

Miami, Fl. 33142
(City/State and Zip Code)

For further information concerning this matter, please call:

John W. Nusz at (305) 746-0402
(Name of Person) (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

Nusz Buzz Enterprises, LLC

2. The Articles of Organization were filed on 4.15.2015 and assigned

document number EIN 47.3730977

3. The delayed effective date the dissolution if not effective on the date of filing: April 15-2016
(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).

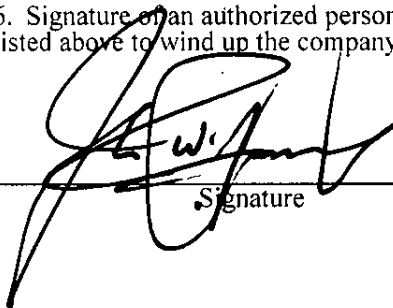
Due to Being on Disability (SS) I was never
ABLE to do anything with this company due to
Disability.

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

John W. Nusz
8914 SW 150TH PLACE Cir
Miami, Fl. 33196

15 JUN 18 PM 2:43
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DEPT. OF STATE
TALLAHASSEE, FLORIDA

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

John W. Nusz
Printed Name

FILING FEE: \$25.00