

5/19/22, 11:18 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L14000146988

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.
Account Number : I20010000062
Phone : (323)962-8600
Fax Number : (323)962-3889

LLC DISSOLUTION OR WITHDRAWAL
NEXGENVIZ, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

2022 MAY 19 PM 1:57

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEXGENVIZ, 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:

Cheyenne Moseley

(Name of Person)

Legalzoom.com, Inc.

(Firm/Company)

101 N Brand Blvd 11th Fl

(Address)

Glendale, CA 91203

(City/State and Zip Code)

For further information concerning this matter, please call:

Cheyenne Moseley

(Name of Person)

at (800) 773-0888

(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

NEXGENVIZ, LLC

2. The Articles of Organization were filed on 09/19/2014 and assigned

document number L14000146988

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)

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).

No longer conducting business.

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

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:

Tod Stephens
Signature

TOD STEPHENS

Printed Name

FILING FEE: \$25.00

APPROVED
AND
FILED
2022 MAY 19 PM 3:00