

L14000153558

(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



300291158103

10/14/16--01010--028 \*\*25.00

16 OCT 14 PM 12:46

FILED  
2021 OCT 14 PM 12:46  
JANUARY 14 2016  
JANUARY 14 2016  
JANUARY 14 2016

OCT 14 2016  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Nicholson Learning 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:

Christopher Nicholson  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

2987 Meredith Dr.  
(Address)

Pensacola, FL 32504  
(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher Nicholson at (765) 744-4828  
(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

Nicholson Learning LLC

2. The Articles of Organization were filed on 10/1/14 and assigned

document number U4000153558

3. The delayed effective date the dissolution if not effective on the date of filing: 07/01/2016  
(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).

Discontinuation of business activities

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

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

10 OCT 14 PM 12:46

FILED  
CLERK OF COURT  
STATE OF FLORIDA  
COUNTY OF ORANGE

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

Christopher Nicholson  
Printed Name

**FILING FEE: \$25.00**