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To:

Division of Corporations

Fax Number

; (850) 617-6383

From:

Account Name : DRUMMOND WEHLE LLP

Account Number : I20050000133

Phone : (813) 983-8000 Fax Number : (813) 983-8001 2011 APR 20 A

LLC DISSOLUTION OR WITHDRAWAL NOVUM, LLC

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

NOVUM, 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:

Temple H. Drummond

Drummond Wehle LLP

(Firm/Company)

6987 East Fowler Avenue

(Address)

Tampa, Florida 33617

(City/State and Zip Code)

For further information concerning this matter, please call:

Temple H. Drummond

,,813

983-8000

(Name of Person)

(Area Code & Davtime 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

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

. The name of a limited liability company is	Ti.		
NOVUM, LLC	•		
The Articles of Organization were filed on 02/26/201	.5	and assigned	
document number L15000035724	a. Oka		
	Cl'		
The delayed effective date the dissolution if not effective date the dissolution date	ctive on the date of fili	ng:	
(effective date cannot be prior to or mor Note: If the date inserted in this block does not meet the listed as the document's effective date on the Department	applicable statutory filin		
. A description of occurrence that resulted in the limit 605.0707, Florida Statutes, (copy 605.0707 on back of	ed liability company's cover letter).	dissolution pursuant to secti	ior
Members voted to dissolve the company.			
	\ .		
	<u></u>		
. If there are no members, enter the name and address	of the person appointe	ed to wind up the company's	j
activities and affairs;			
		****	•
			L
		% (20	
 Signature of an authorized person or if there are no issed above to wind up the company's activities and af 	nembers, the signature fairs:		1
		9	
1//1/			
4 Miles	Douglas Klinowski	·	_
Signature	Prin	ted Name	-
/ FILING F	EE: \$25.00		

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Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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: NOVUM, LLC
Document number of Limited Liability Company is: L15000035724
Date of dissolution was:
Description of information that must be included in a written claim:
Name and address of alleged creditor
Date of alleged debt
Supporting documentation of alleged debt
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 3152 Little Road, Suite 146
3152 Little Road, Suite 146 Trinity, Florida 34655
3152 Little Road, Suite 146 Trinity, Florida 34655
3152 Little Road, Suite 146 Trinity, Florida 34655
3152 Little Road, Suite 146 Trinity, Florida 34655 A claim against the above named limited liability company will be barred unless a proceeding to enforce the
3152 Little Road, Suite 146 Trinity, Florida 34655
3152 Little Road, Suite 146 Trinity, Florida 34655 A claim against the above named limited liability company will be barred unless a proceeding to enforce the

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