

L15000118836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

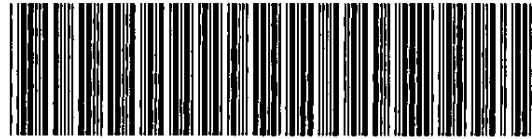
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600298808326

05/04/17--01030--002 \*\*25.00

FILED  
2017 MAY -4 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

MAY -5 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NORMA WEEKEND 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:

JHON RODRIGUEZ

(Name of Person)

JIREH MULTISERVICES LLC

(Firm/Company)

3095 S MILITARY TRAIL STE 4

(Address)

LAKE WORTH FL 33463

(City/State and Zip Code)

For further information concerning this matter, please call:

JHON RODRIGUEZ

(Name of Person)

at ( 561 ) 5749110

(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**  
**2017 MAY -4 PM 3:59**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

1. The name of a limited liability company is  
NORMA WEEKEND LLC

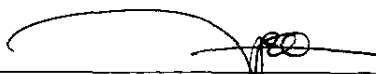
2. The Articles of Organization were filed on 07/10/2015 and assigned  
document number L15000118836

3. The delayed effective date the dissolution if not effective on the date of filing: 04/30/2017  
(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 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:

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

## 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: **NORMA WEEKEND LLC**

Document number of Limited Liability Company is: **L15000118836**

Date of dissolution was: **04/30/2017**

Description of information that must be included in a written claim:

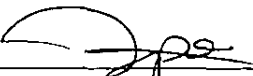
**ANY AND ALL**

FILED  
2017 MAY -6 PM 4:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

**555 PURDY LN APT 107**  
**PALM SPRINGS FL 33461**

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

  
Printed Name of the Person Filing

  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately:**