

L15000182669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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AUG 05 2016
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NOVAIR 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:

Erika A. Lugo

(Name of Person)

NOVAIR LLC

(Firm/Company)

17201 SW 59th CT

(Address)

Southwest Ranches, FL. 33331

(City/State and Zip Code)

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For further information concerning this matter, please call:

Erika A Lugo

954

793- 0437

at ()

(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
NOVAIR LLC

2. The Articles of Organization were filed on 10/27/2015 and assigned
document number L15000182669

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).
Split of

I, Erika A. Lugo have decided to dissolve the business due to internal problems , including disagreement
about the business management, operation and direction of it.

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

17201 SW 59th Ct Southwest Ranches, Florida. 33331

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

Erika A Lugo
Printed Name

FILING FEE: \$25.00

16 AUG -A AM 11:01
SECRETARY OF STATE
FLORIDA