## K16000014775

(Requestor's Name)
(Address)
(Address)
( law soo)
(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



600376435456

11/15/21--01022--004 \*\*25.00

2021 NOV 15 AM 7: 07
SECRETARY OF STATE
TALL ARASSEE, FL

O SIMMONS
DEC 0 6 2021

## **COVER LETTER**

Registration Section Division of Corporations

TO:

Niceville Financial Holdings, LLC SUBJECT:					
(Name of Limited Liability Company)					
Articles of Dissolution and fee(s) are submi	tted for filing.				
all correspondence concerning this matter to	the following:				
	-				
Steve Lanter					
(Name of Person)					
Niceville Financial Holdings					
(Firm/Company)					
2101 East Drive					
(Address)					
Saint Louis MO 63131					
(City/State and Zip Code)					
formation concerning this matter, please call					
olyn Herring	61S	410-6099			
(Name of Person)		de & Daytime Telephone Number)			
beck for the following amount:					
e constitue of the constitue of	Certified Copy (additional copy is enclosed)				
	Street Address:				
	Registration Section				
	Division of Corporations				
	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
	Tallahassee, FL 32303				
	(Name of Limi  I Articles of Dissolution and fee(s) are submit  all correspondence concerning this matter to  Steve Lanter  (Name of Limi  all correspondence concerning this matter to  Steve Lanter  (Name of Limi  all correspondence concerning this matter to  Steve Lanter  (Name of Limi  all correspondence submit  (Name of Limi  all correspondence submit  (Name of Limi  (Name of	(Name of Limited Liability Compared of Articles of Dissolution and fee(s) are submitted for filing.  I Articles of Dissolution and fee(s) are submitted for filing.  I all correspondence concerning this matter to the following:  Steve Lanter  (Name of Person)  Niceville Financial Holdings  (Firm/Company)  2101 East Drive  (Address)  Saint Louis MO 63131  (City/State and Zip Code)  Information concerning this matter, please call:  olyn Herring  (Name of Person)  (Name of Person)  (Area Code)  theck for the following amount:  00 Filing Fee and Certificate of Dissolution  Ing Address: Eistration Section Eistration Section Eistration Section Eistration Section Eistration of Corporations Eistration of Corporations Eistration Section Eistration Sectio			

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited li Niceville Financial Holdin	• •		ARY CE		
2. The Articles of Organiza	ntion were filed on $\frac{1/21/2016}{1}$	s and assi	TO 🚽		
document number 1.160	00014775	_	; • •		
(effect Note: If the date inserted	ate the dissolution if not effective date cannot be prior to or more in this block does not meet the frective date on the Departmen	re than 90 days later than date document is	received for filing) ts, this date will not be		
4. A description of occurre 605.0707, Florida Statute LLC is inactive.	nce that resulted in the limites. (copy 605.0707 on back o	ed liability company's dissolution prover letter).	oursuant to section		
LLC is inactive.					
LLC is inactive.					
5. If there are no members, activities and affairs:	enter the name and address Steve Lanter, Manager	of the person appointed to wind up	the company's		
	2101 East Drive		•		
	Saint Louis MO 63131				
6. Signature of an authorize above to wind up the compa	d person or if there are no many's activities and affairs:	nembers, the signature of the person	appointed and listed		
Signature		Steven W Lanter			
7 - Signature		Printed Name			

FILING FEE: \$25.00