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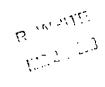
(Re	equestor's Name)	
(Äd	ldress)	
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(Cit	ty/State/Zip/Phone #	¥)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

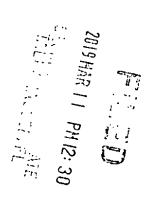




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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: NICK LUCCA CONSULTING, 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:			
NICK A. LUCCA (Name of Person)			
NICK LUCEA CONSULTING, LCC (Firm/Company)			
14460 MARSACA WAY (Address)			
City/State and Zip Code)			
For further information concerning this matter, please call:			
NICIC LUCEA at G47 G12-7606  (Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:  \$\Begin{align*} \text{\$\frac{1}{2}} \te			
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

i.	The name of a limited liability company is 2019 HAR 1.1 PM 12: 30
	NICK LUCEA CONSULTING, LLC STEEL STEEL
2.	The Articles of Organization were filed on $\frac{62/01/2016}{}$ and assigned
	document number <u>L 16000071377</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: 3/7/2019  (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 BUSINASS WHS IZVEIL CONNECTED
	AND NO BUSINESS IS ANTREPATED
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:  **NOCK A **LUCA****  **TOTAL **INDICA***  **TOTAL **TOTA
6 li	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:
	Nich A. Luce A. Printed Name

**FILING FEE: \$25.00**