

L16 000158510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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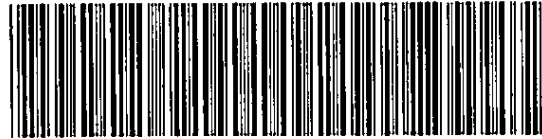
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Neurolect Associates, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sushma Manda

Name of Person

Firm/Company

7131 Arlington Rd, Apt 253

Address

Bethesda, MD 20814

City/State and Zip Code

Sushiraj@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sushma Manda

Name of Person

at (

315)

Area Code

313 0146

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

**FIRST:** The name of the limited liability company is: Neurolect Associates, LLC

**SECOND:** The Florida Document number of the limited liability company is: L16000158510

**THIRD:** The date of filing of the initial articles of organization is: 8/24/2016

**FOURTH:** The date of filing of the dissolution is: ~~12/15/2021~~ <sup>error</sup> 8/31/2021  
(Requested Effective date of dissolution was 11/15/2021)

**FIFTH:** This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.



Signature of Authorized Representative

SUSHMA MANDA

Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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