117000043992

(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



200351161832

09/40/26 -01014--065 *#25.00

2020 SEP -3 PM 5: 59

O BRUCE OCT 14 WO

COVER LETTER

то:	Registration Section Division of Corporations			
SUBJEC	NEGOZIO DERBY LLC			
SUIRIE		Liability Company)		
	losed Articles of Dissolution and fee(s) are submitte			
	JAMES DERBY			
	(Name	of Person)		
	NEGOZIO DERBY LLC			
	(Firm)	Company)		
2653 VAN BUREN AVE				
	(A	ddress)		
	NAPLES, FL 34112			
	(City/State	and Zip Code)		
For furth	ner information concerning this matter, please call:	SECULCIANT TALLAND		
	MARGARET DERBY	at(Q(a)) 700-0 731		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclosed	is a check for the following amount:	5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5		
3	\$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	Street Address: Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	NEGOZIO DERBY LLC		·
2. [The Articles of Organization were filed on $\frac{0}{2}$	2/20/2017	and assigned
C	document number L17000043992		
3. 1	The delayed effective date the dissolution if i (effective date cannot be prior Note: If the date inserted in this block does not listed as the document's effective date on the De	meet the applicable statut	ory filing requirements, this date will not
4. <i>i</i>	A description of occurrence that resulted in to 05.0707, Florida Statutes. (copy 605.0707 o	he limited liability com n back cover letter).	pany's dissolution pursuant to section
	DUE TO COVID-19. BUSINESS HAS BEEN C	LOSED AND WITHOU	T CLIENTS SINCE MARCH 2020.
_	DUE TO COVID-19. BUSINESS HAS BEEN C	· ·	E. P
_			PH 5
	If there are no members, enter the name and activities and affairs:	address of the person a	opointed to wind up the company's U
		 	<u>.</u>
			
6. S abo	Signature of an authorized person or if there ive to wind up the company's activities and a	are no members, the signifiairs:	gnature of the person appointed and lis
1	Jacquet L. Dely	MARGARET	
	' // Signature /		Printed Name

FILING FEE: \$25.00