

L17000110473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

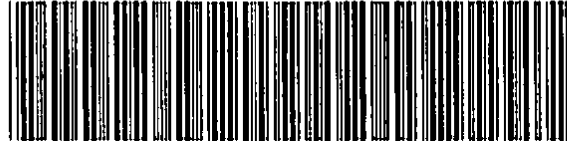
(Document Number)

Certified Copies _____

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01/18/18---01009--002 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN 18 AM 11:46

K. SALY
JAN 19 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Smooth Neuch 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:

William Newton
(Name of Person)

Smooth Neuch LLC
(Firm/Company)

7961 Evelyn Ct
(Address)

Cape Canaveral FL 32920
(City/State and Zip Code)

For further information concerning this matter, please call:

William Newton at (321) 784-2699
(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN 18 AM 11:47

1. The name of a limited liability company is

Smooth Neuch LLC

2. The Articles of Organization were filed on 5/23/2017 and assigned

L17000110473

document number EIN 82-1625324 ~~DECP5756~~

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).

WENT TO WORK FOR A NEW COMPANY,

NO LONGER NEEDED

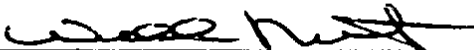
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

WILLIAM NEWTON

7961 EVELYN CT.

CAPE CANAVERAL, FL. 32920

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

WILLIAM NEWTON

Printed Name

FILING FEE: \$25.00