

U7000140880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

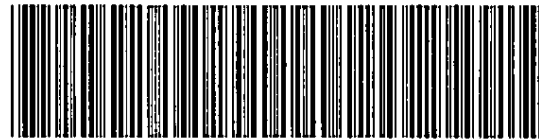
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/09/19--01005--016 **113.75

FILED
19 JAN 28 PM 4:43
TALLAHASSEE, FLORIDA

JAN 29 2019
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 15, 2019

CORNELL L NEWBILL
NEWBILL'S REVENUE NETWORK, LLC
5703 RED BUG LAKE ROAD STE 413
WINTER SPRING, FL 32708

SUBJECT: NEWBILL'S REVENUE NETWORK, LLC
Ref. Number: L17000140880

We have received your document for NEWBILL'S REVENUE NETWORK, LLC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 519A00001180

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEWBILL'S Revenue Network, 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:

CORNELL L NEWBILL
(Name of Person)

NEWBILL'S Revenue Network, LLC
(Firm/Company)

5703 Red Bug Lake Rd. Suite 413
(Address)

Winter Springs, FL 32708
(City/State and Zip Code)

For further information concerning this matter, please call:

CORNELL L NEWBILL at (407) 307-9913
(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

2019, MAY 29 PM 2:31

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

NEWBILL'S REVENUE NETWORK, LLC

2. The Articles of Organization were filed on 06-29-17 and assigned

document number L17000140880

3. The delayed effective date the dissolution is not effective on the date of filing: AN 12-31-2018
(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).

Business closed - No business

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

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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:

Cornell L. Newbill
Signature

CORNEILL L. NEWBILL
Printed Name

FILING FEE: \$25.00