

L17000163559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

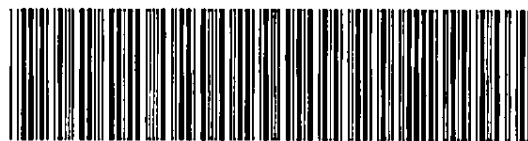
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/04/19--01036--029 **25.00

APPROVED
AND
FILED
2019 MAR -4 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T.G.
3/13/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NDN Two, 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:

Charles D. Duva

(Name of Person)

(Firm/Company)

545 Ocean Shore Boulevard

(Address)

Ormond Beach, FL 32176

(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED

For further information concerning this matter, please call:

Charles D. Duva

(Name of Person)

386

at (

589-4267

(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**

1. The name of a limited liability company is

NDN Two, LLC

2. The Articles of Organization were filed on August 1, 2017 and assigned

document number L17000163559

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).

The company was dissolved on December 31, 2018 due to lack of funding for its operations.

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

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

Charles D. Duva

Printed Name

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: NDN Two, LLC

Document number of Limited Liability Company is: L17000163559

Date of dissolution was: Dec 31, 2018

Description of information that must be included in a written claim:

Detailed documentation of the services rendered
including the prior approval of Charles Duva.

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

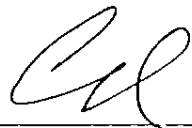
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

545 Ocean Shore Boulevard
Ormond Beach, FL 32176

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Charles D. Duva

Printed Name of the Person Filing



Signature of the Person Filing