

L17000201301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

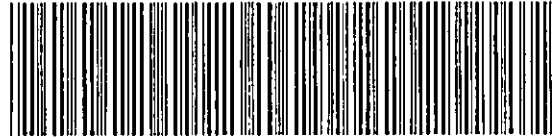
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



000347360170

SECRETARY OF STATE
TALLAHASSEE, FL

2020 JUL -1 AM 9:29

FILED

2020 JUL -1 PM 1:20

JUL 2 2020

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 7/1/2020

****WALK IN****

ENTITY NAME NLCS SIKESTON, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 25

ACCOUNT # 120160000072

em: c DW

Please call Tina at the above number for any issues or concerns. Thank you so much!

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

NLCS Sikeston, LLC

2. The Articles of Organization were filed on September 28, 2017 and assigned

document number L17000201301

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).

This LLC is no longer needed.

2020 JUL -1 AM 9:29
SECRETARY OF STATE
TALLAHASSEE FL

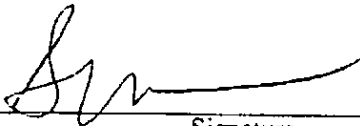
FILED

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

Sam L. Colson, CFO of Net Lease Alliance, LLC, Manager of BN

Sikeston, LLC, Member and Manager of NLCS Sikeston, LLC

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

Sam L. Colson

Printed Name

FILING FEE: \$25.00