

L17000 248089

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11.0.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NICO MAXWELL, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph H. Brown, Esq.

Name of Person

Blount Law, PL

Firm/Company

809 Walkerbilt Road, Suite 6

Address

Naples, FL 34110

City/State and Zip Code

jbrown@blountlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph H. Brown

Name of Person

at (239) 592-4815

Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF TERMINATION

2019 JAN -7 PM 4:38

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following **Statement of Termination**:

FIRST: The name of the limited liability company is: NICO MAXWELL, LLC

SECOND: The Florida Document number of the limited liability company is: L17000248089

THIRD: The date of filing of the initial articles of organization is: 12/04/2017

FOURTH: The date of filing of the dissolution is: 12/31/2018

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.



Signature of Authorized Representative

MAXWELL, NICO

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)