

L17060250836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

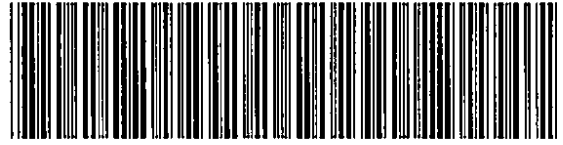
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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SEP 18 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NAUTILUS HUB 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:

LYNDSEY TUFT
(Name of Person)

(Firm/Company)

1869 CAMINITO TREVIANA
(Address)

CHULA VISTA, CA 91913
(City/State and Zip Code)

For further information concerning this matter, please call:

LYNDSEY TUFT at (941) 769-0046
(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

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TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

LINDSEY'S HUB LLC

2. The Articles of Organization were filed on DEC - 2017 and assigned

document number L17000250836

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).

PURPOSE OF BUSINESS IS NO LONGER

ECONOMICALLY VIABLE

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

LINDSEY TUFT

1869 CAMINITO TREVIANA

CHULA VISTA CA 91913

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

LINDSEY TUFT
Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA

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