L18000000644

(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:				

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To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 01/16/24 Order #: 1388666-2 Re: ISCNJ-FL, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed-please-find:-----

Application for Dissolution/Cancellation/Termination
Amount to be deducted from our State Account: \$25.000 - FL State Account Number: 12000000195

11 Fenan

AUTH:

Please take the following action: File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

	gistration Section vision of Corporations	
SUBJECT:	ISCNJ-FL, LLC	
		ted Liability Company)
The enclose	ed Articles of Dissolution and fee(s) are submi	tted for filing.
	n all correspondence concerning this matter to	
	Matthew T. Kelley, Esq.	
	(Na	me of Person)
	Lanciano & Associates, L.L.C.	
		m/Company)
	2 Route 31 North	
		(Address)
	Pennington, New Jersey 08534	
	(City/St	ate and Zip Code)
For further i	information concerning this matter, please call	:
Ма	atthew T. Kelley	609 452-7100
	(Name of Person)	at () (Area Code & Daytime Telephone Number)
Enclosed is a	check for the following amount:	
■ \$25	5.00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
	ailing Address:	Street Address:
Registration Section		Registration Section
	vision of Corporations O. Box 6327	Division of Corporations The Centre of Tallahassee
	illahassee, FL 32314	2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabili	ity company is	<u> </u>
2.	The Articles of Organization	n were filed on January 2, 2018 and assigned	
	document number L180000	00699	
3.	(effective Note: If the date inserted in the	he dissolution if not effective on the date of filing: date cannot be prior to or more than 90 days later than date document is received for filin his block does not meet the applicable statutory filing requirements, this date wil tive date on the Department of State's records.	g) I not be
4.	A description of occurrence 605.0707. Florida Statutes, (c	that resulted in the limited liability company's dissolution pursuant to seccopy 605.0707 on back cover letter).	etion
	The consent of all of the mer	mbers of the limited liability company.	
	The consent of all of the mer	mbers of the limited liability company.	
	The consent of all of the men	nbers of the limited liability company.	<u> </u>
		E P	
5.	If there are no members, enter activities and affairs:	er the name and address of the person appointed to wind up the company	
		102B Rike Drive	_
		Millstone Township, New Jersey 08535-8544	_
6. ab	Signature of an authorized poore to wind up the company?	person or if there are no members, the signature of the person appointed are sactivities and affairs:	— nd listed
	Mille	Michael Thomas	
	Signature	Printed Name	_

FILING FEE: \$25.00