

48000025525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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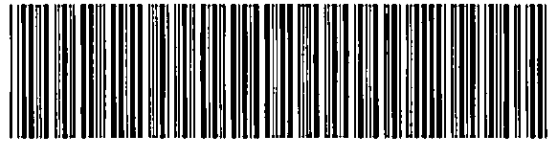
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nimjuni 209 LLC

DOCUMENT NUMBER: L18 0000 25525

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kenneth Bohannon, Esq.
(Name of Contact Person)

Kenneth Bohannon PL
(Firm/Company)

221 N. Causeway, Ste. A
(Address)

New Smyrna Bch, FL 32169
(City/State and Zip Code)

For further information concerning this matter, please call:

Kenneth Bohannon at (386) 427-5227
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy
(Additional copy is enclosed) ☐ \$60 Filing Fee, Certificate of Status & Certified Copy
(Additional copy is enclosed)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment 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

Nimjuni 209, LLC

2. The Articles of Organization were filed on 01/29/2018 and assigned

document number L18000025525

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).

Members formed a Louisiana limited liability company.

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:

Robert A. Ajluni
Signature

Robert A. Ajluni

Printed Name

FILING FEE: \$25.00

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