

L18000189632

(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.

Office Use Only



200351748282

09/18/20--01013--007 **25.00

FILED
2020 SEP 18 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FL 32304

Y SULKEP
OCT 26 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NC & CH LOGISTICS 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:

HECTOR CAMPOS

(Name of Person)

NC & CH LOGISTICS LLC

(Firm Company)

1032 NW 87 AVE # 112

(Address)

MIAMI FL 33132

(City State and Zip Code)

For further information concerning this matter, please call:

HECTOR CAMPOS

(Name of Person)

786

602-5586

at (

_____) _____
(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of a limited liability company is

NC & CH LOGISTICS LLC

2. The Articles of Organization were filed on 08/07/2018 and assigned

document number 118000189632

3. The delayed effective date the dissolution if not effective on the date of filing: 09/04/2020
(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).

AS A TOTAL AGREEMENT OF ALL MEMBERS

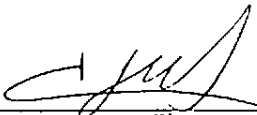
AS A TOTAL AGREEMENT OF ALL MEMBERS

AS A TOTAL AGREEMENT OF ALL MEMBERS

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

activities and affairs: N/A

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

HECTOR CAMPOS

Printed Name

FILING FEE: \$25.00

2020 SEP 16 8 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: NC & CH LOGISTICS LLV

Document number of Limited Liability Company is: P18000189632

Date of dissolution was: 09/04/2020

Description of information that must be included in a written claim:

NAME OF CLAIMANT

DESCRIPTION OF CLAIM

AMOUNT OF CLAIM

DATE OF CLAIM OR INVOICE

ADDRESS AND CONTACT INFORMATION OF CLAIMANT

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

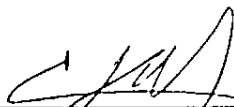
1032 NW 87 AVE # 112

MIAMI FL 33132

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

HECTOR CAMPOS

Printed Name of the Person Filing



Signature of the Person Filing

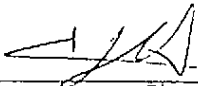
Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

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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

HECTOR CAMPOS

Printed Name

FILING FEE: \$25.00

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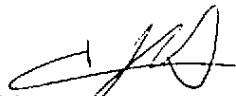
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