

W18000257425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

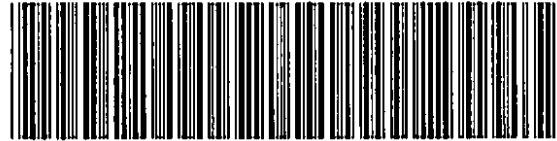
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2022 AUG 17 PM 2:15

FILED

SEP 23 2022

S. PRATHER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NDN CHC JV, 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:

SHAWNA NEWMAN

\_\_\_\_\_  
(Name of Person)

THE NDN COMPANIES

\_\_\_\_\_  
(Firm/Company)

3740 ST JOHNS BLUFF RD S, SUITE 10

\_\_\_\_\_  
(Address)

JACKSONVILLE, FL 32224

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID SIDDALL

\_\_\_\_\_  
(Name of Person)

904

666-5748

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  
NDN CHC JV, LLC
  
2. The Articles of Organization were filed on 11/01/2018 and assigned  
document number L18000257425
  
3. The delayed effective date the dissolution if not effective on the date of filing: 8/01/2022  
(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).  
THE COMPANY WAS FORMED TO BID ON AND TO PERFORM THE ALLOWABLE NUMBER OF  
OTHER FEDERAL CONTRACTING OPPORTUNITIES IN ACCORDANCE WITH APPLICABLE SBA  
REGULATIONS. THAT PURPOSE HAS BEEN FULFILLED WITH THE COMPLETION OF THE  
USACE CONTRACT DATED 25-SEP-2020.
  
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:  
SHAWNA NEWMAN  
THE NDN COMPANIES  
3740 ST JOHNS BLUFF RD S, SUITE 10  
JACKSONVILLE, FL 32224
  
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

SHAWNA NEWMAN  
Printed Name

**FILING FEE: \$25.00**

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA  
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