

L190000291436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

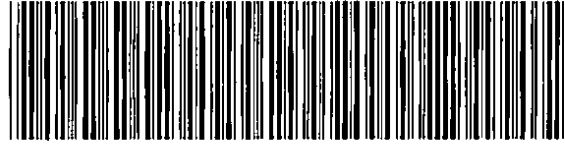
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

2023 DEC -4 AM 11:35

FILED

A. PARISHANI

DEC 16 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NATUREGANG 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:

ALEXANDRIA N JACKSON

(Name of Person)

NATUREGANG LOGISTICS LLC

(Firm/Company)

4207 CONFEDERATE POINT RD #113B

(Address)

JACKSONVILLE FL 32210

(City/State and Zip Code)

For further information concerning this matter, please call:

ALEXANDRIA N JACKSON

(Name of Person)

904

8785112

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

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 DEC -4 AM 11:35

FILED

1. The name of a limited liability company is
NATUREGANG LOGISTICS LLC

2. The Articles of Organization were filed on 11/25/2019 and assigned
document number L19000291436

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.

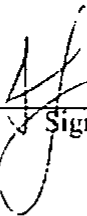
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
NO LONGER NEEDED. LLC NEVER RECIEVED PROFIT.

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

4207 CONFEDERATE POINT RD #133B

JACKSONVILLE FL 32210

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

Alexandria Jackson
Printed Name

FILING FEE: \$25.00