

L21000152590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

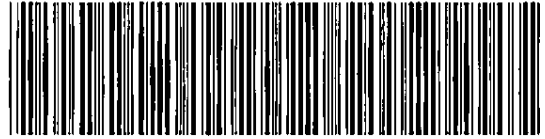
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Dis

Office Use Only



200439187372

11/08/24--01013--010 **25.00

FILED

2024 NOV -8 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FL

Mc

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NBIFL 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:

Richard T. Heiden, attorney at law

(Name of Person)

Richard T. Heiden, P.A.

(Firm/Company)

2723 State Road 580

(Address)

Clearwater, FL 33761

Signed by

Brian Maude

(City/State and Zip Code)

For further information concerning this matter, please call:

Richard T. Heiden

(Name of Person)

727

771-7888

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

SECRETARY OF STATE
TALLAHASSEE, FL

2024 NOV -8 AM 9:59

FILED

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

1. The name of a limited liability company is
NBIFL LLC

2. The Articles of Organization were filed on 04/01/2021 and assigned
document number L21000152590

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).

The consent of all of the members to dissolve by resolution.

The consent of all of the members to dissolve by resolution.

The consent of all of the members to dissolve by resolution.

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
above to wind up the company's activities and affairs:

Signed by:

Brian Maude

336444133600183

Signature

Brian Maude, Manager

Printed Name

FILING FEE: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FL

2024 NOV -8 AM 9:59

FILED