

121 000428449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

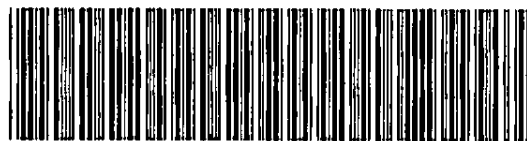
(Document Number)

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JUN - 4 2022

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2022 APR 18 PM 1:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Northern Exposure LLC ~~correct~~ ~~the~~  
(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:

Karla Lapinski  
(Name of Person)

Northern Exposure LLC  
(Firm/Company)

2502 Firetree Lane  
(Address)

Venice, FL 34292  
(City/State and Zip Code)

For further information concerning this matter, please call:

Karla Lapinski at ( 612 ) 799 7977  
(Name of Person) (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

NORTHERN EXPOSURE

2. The Articles of Organization were filed on Sept 29, 2021 and assigned

document number L21000428449

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).

was created by mistake

We were advised: "because of great umbrella insurance already in place", we didn't need this

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

2502 Fietzer Lane  
Venice Fla  
33292

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:

Karla Lapinski  
Signature

Karla Lapinski  
Printed Name

**FILING FEE: \$25.00**

**FILED**  
2022 APR 18 PM 3:23  
SECRETARY OF STATE  
TALLAHASSEE, FL