

# L23000059640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

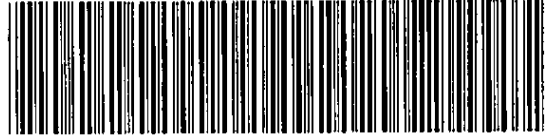
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



500424229025

FILED

2024 MAR -7 AM 10:05

TALLAHASSEE, FLORIDA

RECEIVED

2024 MAR -7 PM 2:52

TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com

incserv<sup>®</sup>

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 3/7/2024

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1234982

**ORDER ENTITY**

NEW GENAPP DEVELOPMENT, LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

NEW GENAPP DEVELOPMENT, LLC ( FL )

File the attached dissolution document

**NOTES:**

\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: New Genapp Development, 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:

Linda Lear  
(Name of Person)  
Linda Lear PA  
(Firm/Company)  
3038 St Gaudens Rd  
(Address)  
Miami FL 33133  
(City/State and Zip Code)

For further information concerning this matter, please call:

Linda Lear at 954 439 2952  
(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

FILED

2024 MAR -7 AM 10: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is .

-New-Gen-app-Development, LLC

2. The Articles of Organization were filed on 2/8/2023 and assigned

document number L23000059640

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).

Consent of all members

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

[Signature]  
Signature

Linda Leati  
Printed Name

FILING FEE: \$25.00