123000504753

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	NuView IRA, LLC (Name of Limited Liability Company)				
SUBJECT:					
The enclosed	d Articles of Dissolution and fee(s) are submi	tted for filing.			
Please return	all correspondence concerning this matter to	the following:			
	Kelsey Chin				
					
	Inspira Financial Trust, LLC				
	2001 Spring Road, Suite 700				
	Oak Brook, IL 60523				
	(City/St	ate and Zip Code)			
For further in	nformation concerning this matter, please call	:			
Ke	Isey Chin	630 at (594-9367		
	(Name of Person)		ode & 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:		Street Addres			
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		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 NuView IRA, LLC
2.	The Articles of Organization were filed on November 7, 2023 and assigned
	document number L23000504753
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 b 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 05.0707, Florida Statutes, (copy 605.0707 on back cover letter).
	The sole member of NuView IRA, LLC has determined and consented to dissolve the
	he entity.
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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. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and list ve to wind up the company's activities and affairs:
	Kelsey Chin Kelsey Chin Signature Printed Name
	Signature Printed Name

FILING FEE: \$25.00