

L24000409874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

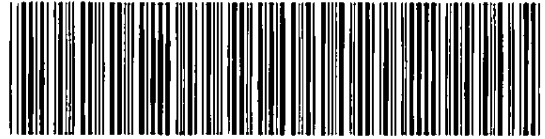
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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24 NOV -5 AM 9:42
ALLIANCE OF THE CLERKS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEWCOMB SERVICES 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:

JEFFREY P NEWCOMB

(Name of Person)

NEWCOMB SERVICES LLC

(Firm/Company)

5825 LAPUERTA DEL SOL BLVD UNIT 172

(Address)

ST PETERSBURG, FL 33715

(City/State and Zip Code)

For further information concerning this matter, please call:

JEFFREY P NEWCOMB

(Name of Person)

727

458-5826

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

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

1. The name of a limited liability company is
NEWCOMB SERVICES LLC

2. The Articles of Organization were filed on September 19, 2024 and assigned
document number L24000409879

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).

This LLC company was created & filed in error. I actually
needed to form a c-corp, which I have subsequently
done. There was no business ever conducted with or
through this LLC.

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

5825 La Puerta Del Sol Blvd S Unit 172

St Petersburg, FL 33715

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

Jeffrey P. Newcomb
Printed Name

FILING FEE: \$25.00