

L17000076511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

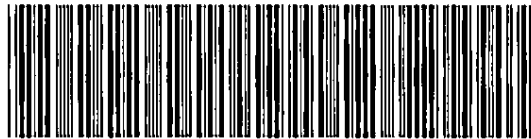
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300304248543

300304248543
10/05/17--01027--005 **\$5.00

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17 OCT -6 AM 7:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JF
10/10/17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stuart Marine Center, 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:

Scott L. McMullen, Esquire

(Name of Person)

Jones, Foster, Johnston & Stubbs, P.A.

(Firm/Company)

4741 Military Trail, Suite 200

(Address)

Jupiter, FL 33458

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott L. McMullen

(Name of Person)

at (561) 659-3000

(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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

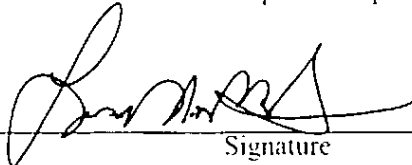
1. The name of a limited liability company is
Stuart Marine Center, LLC
2. The Articles of Organization were filed on April 6, 2017 and assigned
document number L17000076511
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to 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).
Written consent to dissolve the Company executed by Members owning more than two-thirds of all outstanding
Membership Interests of the Company.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Lisa Milling McAmis
14996 Palmwood Road
Palm Beach Gardens, FL 33410

17 OCT 16 AM 7:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Lisa Milling McAmis

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Stuart Marine Center, LLC

Document number of Limited Liability Company is: L17000076511

Date of dissolution was: _____

Description of information that must be included in a written claim:

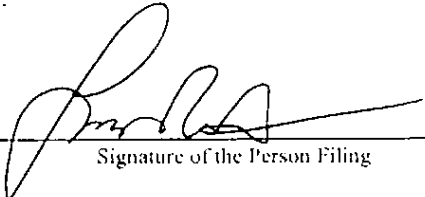
1. Name of Claimant _____
2. Address of Claimant _____
3. Amount of Claim(s) _____
4. Description of facts giving rise to Claim _____
5. Claimant contact person and contact information _____

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

14996 Palmwood Road
Palm Beach Gardens, FL 33410

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Lisa Milling McAmis
Printed Name of the Person Filing


Signature of the Person Filing