

L1900008708S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

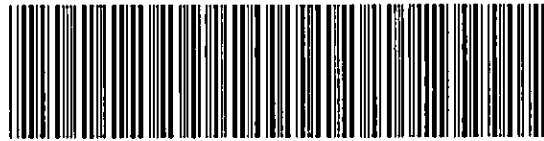
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 JUL -1 PM 1:38
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D SCOTT
JUL 2 2019

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 823069 4311473

AUTHORIZATION :

[Handwritten Signature]

COST LIMIT : \$ 25.00

ORDER DATE : June 26, 2019

ORDER TIME : 12:05 PM

ORDER NO. : 823069-015

CUSTOMER NO: 4311473

DOMESTIC FILINGS

NAME: MID FLORIDA LEASE
ADMINISTRATION, L.L.C.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER'S INITIALS: _____

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

FIRST: The name of the limited liability company is: MID FLORIDA LEASE ADMINISTRATION,
L.L.C.

SECOND: The Florida Document number of the limited liability company is: L19000087885

THIRD: The street address of the limited liability company's principal office is:
8445 SW 80TH STREET
OCALA, FL 34481

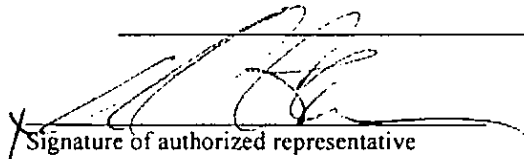
The mailing address of the limited liability company's principal office is:
8445 SW 80TH STREET
OCALA, FL 34481

FOURTH: The date the statement of authority became effective is: 05/07/2019

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is
Not applicable


Signature of authorized representative

Kenneth D. Colen
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)