W10000 11082

(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
Q. SILAS		
MAR 17 2022		
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Office Use Only



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DOZZ MAR -8 AM 9: 35 SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: 6826 MAC DILL LLC				
(Name of Limited	Liability Company)			
The enclosed Articles of Dissolution and fee(s) are submitte	d for filing.			
Please return all correspondence concerning this matter to the	ne following:			
MARC 5.	GAINES			
(Name of Person)				
Sun Equity REALTY GROUP INC.				
	REMONT AVENUE			
	ddress)			
IAMPA, F	TORIDA 33606			
(City/State	and Zip Code)			
For further information concerning this matter, please call:				
MARC GAINES	at (S(3), 785-6677			
(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:	Street Address:			
Registration Section Division of Corporations	Registration Section Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY FILED

J.	The name of a limited liability company is 6826 MAC DILL SECRETARY OF STATE
2.	The Articles of Organization were filed on TUCY 9, 2001 and assigned
	document number <u>L01000011082</u>
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).
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	8125, FREMONT AVE
	1AMPA, FZA 33606
6. abo	Signature of an authorized person or if there are no members, the signature of the person appointed and listed over to wind up the company's activities and affairs:
	Marc S. GAINES Signature MARC S. GAINES 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: 6826 MACDILL LLC
Document number of Limited Liability Company is: LO (000) 11082
Date of dissolution was: $3\sqrt{22}$
Description of information that must be included in a written claim:
DOCUMENTATION OF LIABILITY
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
MARCS, GAINES
17HARCS, GAINES 812 S, FREMONT AVE.
TAMPA, FZA 33606
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.
MARCS. GAINES (Millanen)
Printed Name of the Person Filing Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00