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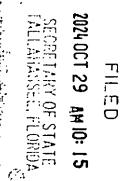
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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10/29/24--01018--018 ++25.00



COVER LETTER

TO:

Registration Section

Division of Corporations					
SUBJECT: MACKINAC DESIG	ed Liability Company)				
(Name of Limit	ed Liability Company)				
The englosed Amieles of Disentialises and Section 1. 1.					
The enclosed Articles of Dissolution and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
16.					
(Name of Person)					
(Name of Person)					
(Firm/Company)					
(Firm	n/Company)				
9931 LONE TREE LANE (Address)					
(Address)				
City/State and Zip Code)					
(City/State and Zip Code)					
For Combania Consistence and the state of th					
For further information concerning this matter, please call:					
1.60.000	1/2-12-2				
(Name of Person)	at (407) 697-6223 (Area Code & Daytime Telephone Number)				
(= ,	(Audi Gode de Dayanne Petephone Humber)				
Enclosed is a check for the following amount:					
\$25.00 Filing Fee and Certificate of Dissolution	T 655 00 Piling Pag Configure of Director's 18				
225.00 1 ming / cc and certificate of 151550101011	\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)				
	,				
Mailing Address:	Street Address:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
P.O. Box 6327	The Centre of Tallahassee				
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810				
	Tallahassee, FL 32303				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liab	ility company is			
MACK	INAC DESIG	es, cc		·
2. The Articles of Organizati	on were filed on _	3/24/2002	and assigno	ed .
document number <u>Loz</u>	200000 7138			
3. The delayed effective date (effective Mote: If the date inserted in listed as the document's effective date.	ve date cannot be prior this block does not	to or more than 90 days late meet the applicable statut	r than date document is reco ory filing requirements,	eived for filing) this date will not be
4. A description of occurrent 605.0707, Florida Statutes.	ce that resulted in the copy 605.0707 or	he limited liability com n back cover letter).	pany's dissolution pur	suant to section
•		•	1 74	. 202 202
71,0 4677	city forsevo	are years		FIL PETAL
				~ 이 프 <u> </u>
	·		FLOWD	STAT
5: If there are no members, e	enter the name and	address of the person a	ppointed to wind up th	e company's
activities and affairs:	WAZTE	A. FREY, TI	- <u></u>	
	9931 40	ONE TREE LAN	£	
	DERA	NDD FLURIDA 3	<i>283</i> 6	
6. Signature of an authorized above to wind up the compar	d person or if there by's activities and a	are no members, the significants:	gnature of the person a	ppointed and listed
Walson	7 4	W H	Printed Name	
O I E I I E I I E I I				

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: MACKINAC DESIGNS, LLC
Document number of Limited Liability Company is:
Date of dissolution was: $\frac{9/30/2024}{}$
Description of information that must be included in a written claim:
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
C/O WALTER A. FREY, TI
·
ORLANDO, FLORIBA 32836
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.
Printed Name of the Person Filing Signature of the Person Filing
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