

LD2000012431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

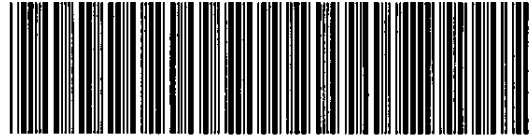
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600259791586

05/07/14--01002--022 **30.00

FILED

14 MAY -7 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 29 2014

S. YOUNG

MAY 29 2014

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dissolution of LLC

DOCUMENT NUMBER: L0200001234

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Laura Bush

(Name of Contact Person)

Magnolia Lodge LLC

(Firm/Company)

345 S. Bass Dr

(Address)

Wewahitchka, Fl. 32464-2917

(City/State and Zip Code)

For further information concerning this matter, please call:

Laura Bush

(Name of Contact Person)

at (850)

(Area Code)

899-1757

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

(Additional copy is enclosed)

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

(Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

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

Notice of Limited Liability Company Dissolution

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: Magnolia Lodge, LLC

Document number of Limited Liability Company is: L0200001234

Date of dissolution was: ~~03/07/2014~~ 3/19/14

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

Selling Property.

FILED
14 MAY - 7 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Laura Bush

345 S. Bass Dr.

Wewahitchka, Fl. 32465-2917

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.

Laura Bush

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