

LD500064004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

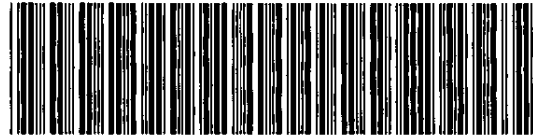
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/09/14--01012--021 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APR 11 2014
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Magnum Holdings 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:

Kevin Neipert
(Name of Person)

Magnum Holdings LLC
(Firm/Company)

651 Dog Kennel Road
(Address)

Sarasota, Florida 34240-8954
(City/State and Zip Code)

For further information concerning this matter, please call:

Kevin Neipert at (941) 371-2877
(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:
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

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TALLAHASSEE, FLORIDA

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ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Magnum Holdings LLC

2. The Articles of Organization were filed on 6/22/2005 and assigned
document number L05000064604

3. The delayed effective date the dissolution if not effective on the date of filing: _____

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).

LLC Has ceased a ctivity as of 12/31/0

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:

Mr - Kevin Neipert
651 Dog Kennel Road
Sarasota, FL 34240-8954

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

Printed Name

X Kevin Michael Neipert

Kevin Michael Neipert

FILING FEE: \$25.00

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SECRETARY OF STATE
PALM BEACH COUNTY
FLORIDA