

LD60000105377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

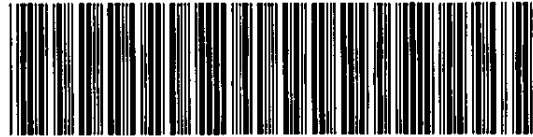
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800257354008

03/05/14--01008--008 \*\*25.00

FILED  
2014 MAR -5 PM 1:17  
CLERK OF STATE  
TALLAHASSEE FLORIDA

MAR 06 2014

D. BRUCE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MacLachlan Family Lodge, 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:

Tommy D. Permenter, Jr., Esquire

(Name of Person)

The Permenter Law Firm, P.A.

(Firm/Company)

2201 S.E. 30th Avenue, Suite 202

(Address)

Ocala, Florida 34471

(City/State and Zip Code)

For further information concerning this matter, please call:

Tommy D. Permenter, Jr., Esquire at 352 622-1811  
(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

FILED  
2014 MAR -5 PM 1:17  
TALLAHASSEE FLORIDA  
DEPARTMENT OF STATE

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

MacLachlan Family Lodge, LLC

2. The Articles of Organization were filed on October 30, 2006 and assigned  
document number L06000105377

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).

Written consent of all the Members of the limited liability company.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Kathleen O. MacLachlan, Trustee, Managing Member

**FILING FEE: \$25.00**

**FILED**  
2014 MAR -5 PM 1:17  
CLERK OF STATE  
TALLAHASSEE FLORIDA