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(Requestor	s Name)
(Address)	
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(City/State/2	Zip/Phone #)
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Certified Copies Co	ertificates of Status
Special Instructions to Filing Of	ficer:
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SECRETARY OF STATE

3/24/121

COVER LETTER

TO: Registration Section Division of Corporations

MARSH ISLAND INVESTMENTS, LLC

SUBJECT:

(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:

GARY SMIGIEL

(Name of Person)

MARSH ISLAND INVESTMENTS, LLC

(Firm/Company)

PO BOX 540669

(Address)

LAKE WORTH, FL 33454-0669

(City/State and Zip Code)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

S \$25.00 Filing Fee and Certificate of Dissolution

S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tałlahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

<u>]</u>		2004 - 1		Û
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1	The name of a limited liabili	2021 FEB -8 PH 5:33						
	MARSH ISLAND INVESTM		SECRETARY OF STATE					
2.	The Articles of Organization	were filed on09/13/2007	and assigned					
	document numberL070000	93738						
3.	Note: If the date inserted in th	It the dissolution if not effective on the date of filing: $\frac{03/01/2021}{0.00000000000000000000000000000000000$						
4.	A description of occurrence 605.0707. Florida Statutes, (c PROPERTY WAS SOLD	hat resulted in the limited liability com opy 605.0707 on back cover letter).	pany's dissolution pursuant to section					
	PROPERTY WAS SOLD							
	PROPERTY WAS SOLD							
5.	If there are no members, ento activities and affairs:	r the name and address of the person a GARY SMIGIEL	ppointed to wind up the company's					
		PO BOX 540660						
		LAKE WORTH, FL 33454-0669						
6. ab	Signature of an authorized pove to wind up the company	erson or if there are no members, the signativities and affairs:	gnature of the person appointed and listed					

M. . . P Signature

. .

,

GARY SMIGIEL

Printed Name

FILING FEE: \$25.00