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2019 FEB 11 PM 4:17

SECRETARY OF STATE  
TALLAHASSEE, FL

R. WHITE

FEB 15 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 715 N. MACEWEN, 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:

SEBORAH ANN ROY-THALMAN  
(Name of Person)

715 N. MACEWEN, LLC  
(Firm/Company)

715 N. MACEWEN DRIVE  
(Address)

OSPREY, FL 34229  
(City/State and Zip Code)

For further information concerning this matter, please call:

SEBORAH ANN ROY-THALMAN at 941, 918-9173  
(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

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

1. The name of a limited liability company is

713 N. MACEDON, LLC

2019 FEB 11 PM 4:17

2. The Articles of Organization were filed on

2/20/2008

ORDER 2/25/2008  
FILED IN STATE  
and assigned ASSEE, FL

document number

LO8000018439

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

(effective date cannot be prior to or more than 90 days later than date document is received for filing)

2/6/19

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

CLOSED - NO LONGER

DOING BUSINESS

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

VERONICA ANN ROY-THALMAN

713 N. MACEDON SR

OSPREY, FL 34229

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:

Veronica Roy-Thalman  
Signature

VERONICA ANN

Printed Name

ROY-THALMAN

FILING FEE: \$25.00