| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | ısiness Entity Nan | ne) |
| (Document Number) | | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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FLORIDA DEPARTMENT OF STATE Division of Corporations



February 24, 2016

MICHAEL CONLEY 1290 NE 104TH STREET MIAMI SHORES, FL 33138

SUBJECT: WHITE MARSH LN-36, LLC

Ref. Number: L08000023760

We have received your document for WHITE MARSH LN-36, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II Letter Number: 916A00003866 을

III APR 25 A II:

COVER LETTER

| TO: | Registration Section |
|-----|--------------------------|
| | Division of Corporations |

SUBJECT: WHITE MARJY LN-36, 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:

| Michael Conlay | |
|--|--------------------|
| (Name of Person) | |
| | |
| (Firm/Company) | |
| 1290 NE 104 TH STREET | |
| (Address) | _ |
| M. AMI SHORES, KL 37,39 | |
| (City/State and Zip Čode) | PB |
| For further information concerning this matter, please call: | 25 A |
| M: chaol Corlor at (304) 309 0496 (Name of Person) (Area Code & Daytime Telephone Number) | Σ ω |
| (and over the property of the | , |

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

| 1. | The name of a limited liability company is | | | |
|----------|---|--|--|--|
| | WHITE MARYH LN-36, LCC | | | |
| 2. | The Articles of Organization were filed on | | | |
| | document number <u>40 80000 23 760</u> | | | |
| 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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not listed as the document's effective date on the Department of State's records. | | | |
| . | 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). | | | |
| | REAL PLOPERTY HELD BY LLC WAS SOLD ON 03/30/20,5 | | | |
| 5. | If there are no members, enter the name and address of the person appointed to wind up the company's | | | |
| | activities and affairs: | | | |
| | | | | |
| | | | | |
| | | | | |
| 5. is | Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs: | | | |
| 1 | da-l Jut. N Caly Signature M: da.l Just. N Canly Printed Name | | | |

FILING FEE: \$25.00