

L090000 42708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

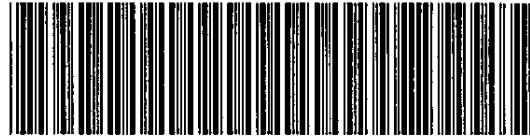
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100269596591

03/02/15--01046--013 \*\*25.00

FILED

15 MAR -2 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MARKSON GROUP 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:

MARK GADDIS

(Name of Person)

(Firm/Company)

128 BERKSHIRE F

(Address)

WEST PALM BEACH FL 33417

(City/State and Zip Code)

For further information concerning this matter, please call:

MARK GADDIS

(Name of Person)

561

at ( )

531 9725

(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**

1. The name of a limited liability company is  
MARKSON GROUP LLC
2. The Articles of Organization were filed on MAY 4 2009 and assigned  
document number L09000042708
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)
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).  
LACK OF 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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:

Mark Gaddis  
Signature

MARK GADDIS  
Printed Name

**FILING FEE: \$25.00**

**FILED**  
15 MAR -2 PM 3:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA