

#L09000056822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

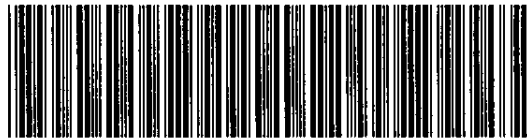
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800271956038

04/23/15--01019--024 \*\*25.00

FILED  
2015 APR 23 PM 4:29  
TALLAHASSEE, FL 32301  
ALBANY, OR 97101

K. SALLY  
EXAMINER  
MAY -4 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MERIMARK TITLE 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:

STEVEN H. MARKS

(Name of Person)

(Firm/Company)

1015 MAITLAND CENTER COMMONS BLVD. STE 104

(Address)

MAITLAND, FL 32751

(City/State and Zip Code)

For further information concerning this matter, please call:

STEVEN H. MARKS

(Name of Person)

407

636-5963

at ( )

(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**  
2016 APR 23 PM 4:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

MERIMARK TITLE LLC

2. The Articles of Organization were filed on 6/11/2009 and assigned

document number L09000056822

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)

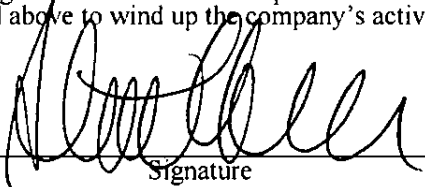
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

CONSENT OF ALL THE MEMBERS

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

N/A

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

STEVEN H. MARKS

Printed Name

**FILING FEE: \$25.00**

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: MERIMARK TITLE LLC

Document number of Limited Liability Company is: L09000056822

Date of dissolution was: \_\_\_\_\_

Description of information that must be included in a written claim:

ATTENTION STEVEN H. MARKS, MANAGER

MERIMARK TITLE LLC

SUBJECT OF CLAIM

FILE NO./BUYER NAME/PROPERTY ADDRESS

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

ATTENTION STEVEN H. MARKS

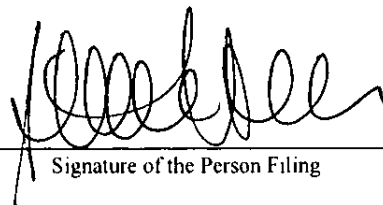
1015 MAITLAND CENTER COMMONS BLVD., STE 104

MAITLAND, FL 32751

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

STEVEN H. MARKS

Printed Name of the Person Filing



Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**