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(Re	equestor's Name)	
(Ac	dress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE

MARRIS J. HARRIS **Jennifer L.J. Gilk** Attorney at Law

Jenni Schmidt Jessica Stoterau Margaret Eiler Legal Assistants



Nicolette Hermanson Paralegal

March 13, 2018

Florida Department of State Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: McNamara

To whom it may concern:

Please find enclosed for filing a cover letter, Articles of Dissolution for a Limited Liability Company, and Notice of Limited Liability Company Dissolution for Keith J. McNamara. Also enclosed is a check in the amount of \$55.00 for fees and a Certified Copy.

If you have any questions or need additional information, feel free to contact our office.

Very truly yours,

Jessica L. Stoterau Encl.

1241 E. Bridge Street; Suite A; PO Box 126; Redwood Falls, MN 56283 P: 507.627.4525 • F: 507.627.4528 • Email: office@gilklegacylaw.com

COVER LETTER

TO:

Registration Section
Division of Corporations

RIFCT: Keith James McNamara Florida Limited Liability Company

(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:

Keith J. McNamara				
(Name of Person)				
(Firm/Company)				
75212 - 370th St				
(Address)				
Bird Island, MN 55310				
(City/State and Zip Code)				

For further information concerning this matter, please call:

Keith McNamara

_,320

894-5418

(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

1. The name of a limited liability company is					
	Keith James McNamara Florid	a Limited Liability C	Company		·
2.	The Articles of Organization	were filed on	3/29/2010	and assigne	ed
	document numberL100000	035033			
3.	The delayed effective date the (effective Note: If the date inserted in the listed as the document's effect	date cannot be prior to his block does not me	or more than 90 days late eet the applicable statute	r than date document is rec ory filing requirements, t	eived for filing) his date will not be
4.	A description of occurrence 605.0707, Florida Statutes, (copy 605.0707 on I	back cover letter).		
	The company has ceased doing	business, and dissolu	ution has been consente	ed to by its sole member,	
	Keith J. McNamara.				
		<u></u>			
5.	If there are no members, ent activities and affairs:		dress of the person a		ne company's
					
6. lis	Signature of an authorized p ted above to wind up the con	person or if there ar apany's activities a	e no members, the si	gnature of the person a	
1/	HIMM		Keith J. McNa	mara	2818. 560 TALL
<i>I</i> V	Signature		***************************************	Printed Name	<u> </u>
	VVU	FILI	NG FEE: \$25.00		19 AN IO ZO ARY OF STATE SSEE FLORIDA
					NOTE NO

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: Keith James McNamara Florida Limited	Liability Company
Document number of Limited Liability Company is: L10000035033	
Date of dissolution was:	
Description of information that must be included in a written claim:	
Amount of claim; date claim occurred; basis for c	laim;
documentation evidencing the basis for claim; an	ıd name,
address, telephone number, and email address of	of claimant.
	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of	Corporations)
Keith J. McNamara	7 % % % % % % % % % % % % % % % % % % %
75212 - 370th St	2018 MAR \$ SECRETAI TALLAHAS
Bird Island, MN 55310	ASSE
	mo:
	SIATE TLORIDA
A claim against the above named limited liability company will be barred unless a p	
claim is commenced within 4 years after the filing of this notice.	-

Keith J. McNamara

Printed Name of the Person Filing

Kuth Manara
Signature of the Person Filing

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