

L10000092163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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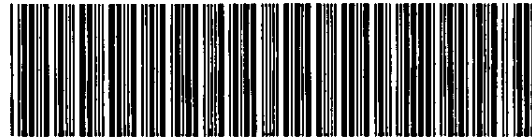
(Business Entity Name)

(Document Number)

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D. SCOTT

JAN 30 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 10, 2017

KENNETH J SCHROTH  
16900 S TAMiami TRAIL  
FORT MYERS, FL 33908

SUBJECT: KEYMARIE, LLC  
Ref. Number: L10000092163

RECEIVED  
2017 JAN 27 PM 12:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for KEYMARIE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

**MUST FILE VOLUNTARY DISSOLUTION BEFORE YOU CAN FILE NOTICE OF LLC DISSOLUTION.**

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.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 717A00000562

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TALLAHASSEE, FLORIDA

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

KEYMARIE, LLC

2. The Articles of Organization were filed on SEPTEMBER 1, 2010 and assigned

document number L10000092163

3. The delayed effective date the dissolution if not effective on the date of filing: DECEMBER 31, 2016  
(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 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).

NO LONGER NEEDED. DISPOSED OF

ALL ASSETS.

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

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TALLAHASSEE, FLORIDA

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

KENNETH J. SCHROTH  
Printed Name

**FILING FEE: \$25.00**