# L10000111267

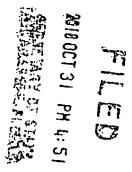
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Special Instructions to Fili	ing Oπicer:	
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Office Use Only



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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT

Marco Island, 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:

## Raymond G. Robison

(Name of Person)

Fox, Wackeen, et. al.

(Firm/Company)

3473 SE Willoughby Blvd.

(Address)

Stuart, FL 34994

(City/State and Zip Code)

For further information concerning this matter, please call:

Raymond G. Robison

...772

287-4444

(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 MARCO ISLAND, LLC			
2.	The Articles of Organization were filed on O	October 25, 2010 and assigned		
	document number L10000111267			
3.	The delayed effective date the dissolution if r (effective date cannot be prior Note: If the date inserted in this block does not r listed as the document's effective date on the Dep	to or more than 90 days later than date document is receive meet the applicable statutory filing requirements, this	s date will	not l
4.	A description of occurrence that resulted in the 605.0707, Florida Statutes, (copy 605.0707 or	the limited liability company's dissolution pursum back cover letter).		(円) 二
	Consent of all Members.			31 P
			PR TANK	- E: U
5.	If there are no members, enter the name and a activities and affairs:	address of the person appointed to wind up the	company	 's
	·			
6. lis	Signature of an authorized person or if there sted above to wind up the company's activities	are no members, the signature of the person apps and affairs:	pointed a	— nd
	P.J. Blackste	Stephen Blackburn, Manager		
	Signature	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: MARCO ISLAND, LLC	
Document number of Limited Liability Company is: L10000111267	
Date of dissolution was:	
Description of information that must be included in a written claim:	
Name and Address of Claimant	
Amount of Claim	75 14 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18
Whether Claim is Secured or Contingent	THE C
Detailed Description of Type of Claim	
Date Claim Arose	
Mailing address where claims can be sent: (Claims cannot be sent to the Division o	f Corporations)
130 S. Indian River Drive	
156 5. Ilidian 1100 Bive	
#404	

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

Signature of the Person Filing

claim is commenced within 4 years after the filing of this notice.

Stephen Blackburn, Manager

Printed Name of the Person Filing