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Office Use Only



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07/14/14--01026--002 **25.00



COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Marquesas Reality LLC (Name of 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:			
Charles W. Schumacher Jr (Name of Person)			
Marquesas Reality LLC (Firm/Company)			
2340 5+C Blud (Address)			
Maples FL 34110 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Tess Schumacher at (239) 784.5722 (Name of Person) (Area Code & Daytime Telephone Number)			
(Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee and Certificate of Dissolution S55.00 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	
Marguesas F	Reality LLC	
U		
2. The Articles of Organization v	vere filed on3 16 11	_ and assigned
document number <u>L11</u>	00003 2842	
3. The delayed effective date the (effective date	dissolution if not effective on the date of filing te cannot be prior to or more than 90 days later than date of	g: document is received for filing)
4. A description of occurrence th 605.0707, Florida Statutes, (co	at resulted in the limited liability company's di py 605.0707 on back cover letter).	ssolution pursuant to section
The qualfying	broker for this real e	Stak company
left. The party	ners decided to close the	company.
5. If there are no members, enter	the name and address of the person appointed	to wind up the company's
activities and affairs:	, , , , , , , , , , , , , , , , , , ,	
activities and arians.		
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6. Signature of an authorized per listed above to wind up the comp	rson or if there are no members, the signature of	f the person appointed and
	y 5 2200 11100 11100 11100 11100	<u> </u>
	~ .	
(C)	Charles W.	Schmmacher Jr.
Signature	Printed	l Name

FILING FEE: \$25.00