

L110000036355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 JAN 21 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 23 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Market Tides, 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:

Mark Ritz

(Name of Person)

(Firm/Company)

5949 Amberwood Drive

(Address)

Naples, FL 34110

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Ritz

(Name of Person)

at (239) 431-5372

(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

Market Tides, LLC

2. The Articles of Organization were filed on 3/31/11 and assigned
document number L11000036355

3. The delayed effective date the dissolution if not effective on the date of 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).

The Manager an initial member of the company decided
to dissolve the company and return the members' capital
to them in accordance with the operating agreement.

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

Mark B. Itz

5949 Amberwood Drive

Naples, FL 34110

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

M. Itz

Printed Name

Mark B. Itz

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA