

H16000139611 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mason Dixie 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:

Ghada Skaff, Esquire

(Name of Person)

Lieser Skaff Alexander PLLC

(Firm/Company)

403 N. Howard Avenue

(Address)

Tampa, Florida 33606

(City/State and Zip Code)

For further information concerning this matter, please call:

Ghada Skaff, Esquire at 813 280-1256

(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

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

1. The name of a limited liability company is

Mason Dixie LLC

2. The Articles of Organization were filed on July 11, 2011 and assigned

document number L11000079946

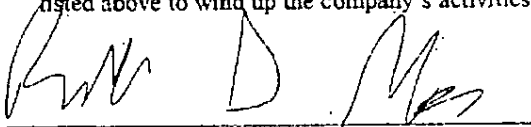
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this 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).

Unanimous member consent.

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

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

Randall G. Mason

Printed Name

FILING FEE: \$25.00

2018 MAY -3 AM 11:33
FILED
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

H180001396113

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: Mason Dixie LLC

Document number of Limited Liability Company is: L11000079946

Date of dissolution was: _____

Description of information that must be included in a written claim:

Company Name

Contact information including email and telephone no.

Explanation of claim

Amount of claim

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Attn: Randall G. Mason

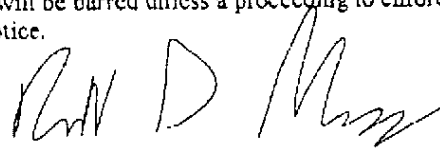
P.O. Box 217

Tangerine, FL 32777

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Randall G. Mason

Printed Name of the Person Filing



Signature of the Person Filing

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

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FILED
2018 MAY -3 AM 11:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA