Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : I19990000006 : (407)425-7010 Phone

Fax Number

: (407)425-2747

# LLC DISSOLUTION OR WITHDRAWAL **MAGNOLIA TC 4, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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# COVER LETTER

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TO: Registration Section Division of Corporations				
MAGNOLIA TC 4, LLC				
SUBJECT: (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:			
CHRISTINE L. WEINGART				
(Name of Person)				
ZIMMERMAN, KISER & SUTCLIFFE				
(Firm/Company)				
315 E ROBINSON ST., STE. 600				
	Address)			
ORLANDO, FLORIDA 32801				
(City/Sta	te and Zip Code)			
For further information concerning this matter, please call:				
BARBIE A. BLANDINA, PARALEGAL	407 425-7010 at ()			
(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:				
幂 \$25.00 Filing Fee and Certificate of Dissolution	☐ \$55.0ft Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
Mailing Address: Registration Section	Street Address: Registration Section Division of Corporations			
Division of Corporations P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is  MAGNOLIA TC 4, LLC
2.	The Articles of Organization were filed on 01/06/2012 and assigned
	document number £12000003056
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).
	i S
	: ::: ::::
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. al	Signature of an authorized person or if there are no members, the signature of the person appointed and listed bove to wind up the company's activities and affairs:
	MICHAEL OLIVER
	Signature Printed Name FILING FEE: \$25.00

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## 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: MAGNOLIA TC 4, ELC	
Document number of Limited Liability Company is:	
Date of dissolution was:	
Description of information that must be included in a written claim:	
1. If an individual, the name and address of Claimant. If an entity, the name of the entity, address of the princip	nal lac
office and state of formation, & the registered agent of the entity.	
2. The nature of the claim and the specific facts and alleged acts and/or omissions surrounding the claim; all pa	nrties
involved in the claim.	
3. Description of amount/remedy being sought by Claimant.	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  ZIMMERMAN, KISER & SUTCLIFFE	
315 E ROBINSON ST., STE 600	
ORLANDO, FLORIDA 3280)	
A claim against the above named limited liability company will be barred unless a proceeding to enf	orce the
claim is commenced within 4 years after the filing of this notice.	
MICHAEL OLIVER  Printed Name of the Person Filing  Signature of the Person Filing	<u></u>
V	

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