

L12000101526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

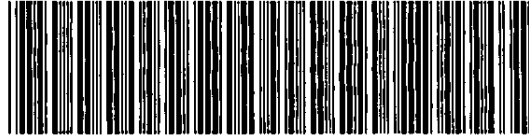
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

wrong form

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10/05/15--01027--027 \*\*35.00

FILED  
2015 OCT 29 P 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 30 2015

3 MASON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 8, 2015

KATHRYN DIANE MURPHY  
3249 NEWBERRY BOULEVARD  
TALLAHASSEE, FL 32311

SUBJECT: MASON LAINE, LLC  
Ref. Number: L12000101526

We have received your document for MASON LAINE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC., but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason  
Regulatory Specialist II

Letter Number: 015A00021378

COVER LETTER

RECEIVED

TO: Registration Section  
Division of Corporations

15 OCT 30 PM 3: 03

SUBJECT: Mason Laine LLC  
(Name of Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathryn Murphy  
(Name of Person)

(Firm/Company)

37 Starshine Circle  
(Address)

Bluffton, SC 29910  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kathryn Murphy  
(Name of Person)

at ( 704 ) 206-9279  
(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)

↑  
Paid with former  
submission of  
documents.

Kate Mary

**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

Mason Laine, LLC

2. The Articles of Organization were filed on 9/30/2015 and assigned

document number \_\_\_\_\_

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).

Company dissolution occurred as a result of a decision  
made by the company founder due to lack of  
sales/movement.

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

Kathryn Murphy

37 Starspine Circle, Bluffton, SC 29910

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:

Kathryn Diane Murphy  
Signature

Kathryn Diane Murphy  
Printed Name

**FILING FEE: \$25.00**

2015 OCT 29 P 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**