

L14000017011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

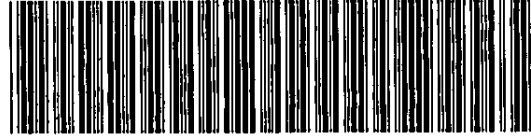
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 FEB 25 A 11: 54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 26 2016

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARK & PAM'S LAST RESORT 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 PALMER

(Name of Person)

MARK PALMER

(Firm/Company)

4081 SW ST LUCIE SHORES DRIVE

(Address)

PALM CITY, FL 34990

(City/State and Zip Code)

For further information concerning this matter, please call:

MARK PALMER

(Name of Person)

at (772) 288-1128

(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
MARK & PAM'S LAST RESORT LLC

2. The Articles of Organization were filed on JAN 30, 2014 and assigned
document number L14000017011

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2015
(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).
MEMBERS MET, FOLLOWING CONTINUED ILLNESS OF A MEMBER, AND VOTED TO DISSOLVE
THE LLC, EFFECTIVE 12/31/2015

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 H. PALMER

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

MARK H. PALMER
Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA

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: MARK & PAM'S LAST RESORT LLC

Document number of Limited Liability Company is: L14000017011

Date of dissolution was: 12/31/2015

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

DATE OF ORIGINAL TRANSACTION; MEMBER OF LLC INVOLVED IN TRANSACTION; SIGNATURE OF TWO MEMBERS OF LLC

VERIFYING BY SIGNATURES THE DATE AND TIME OF THE TRANSACTION; AND THE ORIGINAL DATED TRANSACTION

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TALLAHASSEE, FLORIDA

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

MARK PALMER
4081 SW SAINT LUCIE SHORES DR
PALM CITY, FL 34990

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.

MARK H. PALMER

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