LIOCOOPIJ

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
	Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of S	Status			
Special Instructions	to Filing Officer:				

Office Use Only



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2018 FEB 25 A II: 54

CRETARY OF STATE

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)
1081 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

<u>, //</u>

288-1128

(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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liab MARK & PAM'S LAST RE		is				·
2.	The Articles of Organization	on were filed o	on JAN 30, 2	014	and a	ssigned	
	document number L140000	017011		_			
3.	The delayed effective date (effective Note: If the date inserted in listed as the document's effective date.	this block does	s not meet the	applicable statutory i	filing: 12/31, n date documen filing requirem	/2015 t is received for eents, this date	filing) will not b
4.	A description of occurrence 605.0707, Florida Statutes, MEMBERS MET, FOLLOW	(copy 605.07)	07 on back c	over letter).	•	_	
	THE LLC, EFECTIVE 12/31	/2015					
	4						
5.	If there are no members, en activities and affairs:	MARK H. F		of the person appoi	inted to wind	up the comp	any's
							
							
_						· ·	
6. lis	Signature of an authorized ted above to wind up the co	person or if the mpany's activ	nere are no n vities and aff	nembers, the signat airs:	ure of the pe	rson appointe	d and
	Market	Pleas		MARK H. PALME	R	2016 FEE	an gray
1	Signature		FILING F		rinted Name	ARY YSSE	
						OF STATI)

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 RES	SOR	Γ LL	.C
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		20	
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	ARY SSEI	25	
	of s	A	C
	ATE PRID	. 2F	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of C	orporati	ons)	
MARK PALMER			
4081 SW SAINT LUCIE SHORES DR	,		
PALM CITY, FL 34990			
	_		

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

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