

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 14, LLC**

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

Electronic Filing Menu Corporate Filing Menu

Help

COVER-LETTER

	ration Section on of Corporations					
MAGNOLIA TO 14, LLC SUBJECT:						
(Name of Limited Liability Company)						
	rticles of Dissolution and fee(s) are submitted to the					
	CHRISTINE L. WEINGART					
	(Name of Person)					
ZIMMERMAN, KISER & SUTCLIFFE						
	(Firm/Company)					
	315 E ROBINSON ST., STE. 600					
(Address)						
	ORLANDO, FLORIDA 32801					
	(City/State a	nd Zip Code)				
For further information concerning this matter, please call:						
BAR	BIE A. BLANDINA, PARALEGAL	407	425-7010			
	(Name of Person)	(Area Code	& Daytime Telephone Number)			
Enclosed is a che	eck for the fullowing amount:					
돌 S25,00	Filing Fee and Certificate of Dissolution	S\$5.00 Filing Fee Certified Copy	e. Certificate of Dissolution & (additional copy is enclosed)			
Regi Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 shassee, FL 32314	Street Address: Registration Se Division of Co The Centre of 1 2415 N. Monro Tallahassee, FL	rporations Fallahassee se Street, Suite 810			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability MAGNOLIA TC 14, LLC	company is			*S. F. F.	
2.	The Articles of Organization v	vere filed on 02/14/201	<u> </u>	_ and assigned	7. 6	
	document number L140000261	58	-			
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 tisted as the document's effective date on the Department of State's records.					
4.	A description of occurrence th 605.0707, Florida Statutes, (co	at resulted in the limite py 605,0707 on back c	ed liability company's d over letter).	issolution pursua	nt to section	
	Entity no longer needed.					
			of the newson appointed	to wind up the C	ompauv's	
5.	If there are no members, enter	the name and address	of the person appointed	to wind up the c	ompany 3	
	activities and affairs:					
						
	,					
6. at	Signature of an authorized per pove to wind up the company's	rson or if there are no ractivities and affairs:	nembers, the signature o	of the person appo	ointed and listed	
	2010					
	MHe Mes		MICHAEL OLIVER	1 Xlama		
	Signature		Printe	ed Name		

FILING FEE: \$25.00

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:	GNOLIA TC 14, LLC					
	https://doi.org/10.00026158					
Date of dissolution was: 12/31/2020						
Description of information that must be in	cluded in a written claim:					
1. If an individual, the name and address of Cl	laimant. If an entity, the name of the entity, address of the principal					
office and state of formation, & the registered	agent of the entity.					
2. The nature of the claim and the specific fac	ts and alleged acts and/or omissions surrounding the claim; all parties					
involved in the claim.						
3. Description of amount/remedy being sough						
Mailing address where claims can be sent: ZIMMERMAN, KISER & SUTCLII 315 E ROBINSON ST., STE 600	(Claims cannot be sent to the Division of Corporations)					
ORLANDO, FLORIDA 32801						
A claim against the above named limited claim is commenced within 4 years after t	William					
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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Printed Name of the Person Filing