

L14000 104906

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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05/20/16--01004--013 **25.00

FILED
16 MAY 20 AM 7:34
SECRETARY OF STATE
HALL AND ASSOCIATES, P.A.
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAW OFFICES OF MEGAN J. MACKINTOSH PLLC
(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:

MEGAN J. MACKINTOSH

(Name of Person)

(Firm/Company)

1451 KIA DRIVE

(Address)

HOMESTEAD, FL 33033

(City/State and Zip Code)

For further information concerning this matter, please call:

MEGAN J. MACKINTOSH at 954 673-0616

(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 liability company is
LAW OFFICES OF MEGAN J. MACKINTOSH, PLLC

2. The Articles of Organization were filed on 07/01/2014 and assigned
document number L14000104906

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).

THE FIRM IS NO LONGER ACCEPTING CASES AS THE MANAGING MEMBER IS WORKING AS

IN-HOUSE COUNSEL.

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. 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

MEGAN J. MACKINTOSH, ESQ.

Printed Name

FILING FEE: \$25.00

FILED
16 MAY 20 AM 7:34
SECRETARY OF STATE
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: LAW OFFICES OF MEGAN J. MACKINTOSH, PLLC

Document number of Limited Liability Company is: L14000104906

Date of dissolution was: 05/05/2016

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

CASE OR ACCOUNT NUMBER

AMOUNT DUE

DATE OF SERVICE

SIGNED CONTRACT

FILED
16 MAY 20 AM 7:34
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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

MEGAN J. MACKINTOSH, ESQ.

1451 KIA DRIVE

HOMESTEAD, FL 33033

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.

MEGAN J. MACKINTOSH, ESQ.

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