## 14000158424

| (Re                     | questor's Name)   |             |
|-------------------------|-------------------|-------------|
| (Ad                     | dress)            |             |
| (Ad                     | dress)            |             |
| (Cit                    | y/State/Zip/Phon  | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nar | me)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |
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2015 HAR -9 PH 3: 58

## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: MARKSMAN TRANSPORTATION & INTERPRETATION SERVICES, 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:

| Deborah Cassidy                                         | _             |
|---------------------------------------------------------|---------------|
| (Name of Person)                                        |               |
| MARKSMAN TRANSPORTATION & INTERPRETATION (Firm/Company) | SERVICES, LLC |
| 529 32nd Ave East                                       | -             |
| Bradenton F1 34208                                      | _             |
| (City/State and Zip Code)                               |               |
| rmation concerning this matter places call.             |               |

For further information concerning this matter, please call:

Deborah Cassidy at (941) 592-4393
(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

FILED 2015 MAR -9 PM 3: 58

| 1.        | The name of a limited liability company is  MARKSMAN TRANSPORTATION & INFERPRETATION SERVICES.                                                                                               |  |  |  |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 2.        | The Articles of Organization were filed on 10 10 4 and assigned                                                                                                                              |  |  |  |
|           | document number <u>L14000158421</u>                                                                                                                                                          |  |  |  |
| 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) |  |  |  |
| 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).               |  |  |  |
|           | Not profitable enough to continue.                                                                                                                                                           |  |  |  |
| 5.        | If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:  Deborah Cassidy                                                |  |  |  |
|           | 529 32-2 Ave E                                                                                                                                                                               |  |  |  |
|           | Bradenton, F1 34208                                                                                                                                                                          |  |  |  |
| 6.<br>lis | Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:                           |  |  |  |
| /         | Mucassay Debbie CASGICY Signature Printed Name                                                                                                                                               |  |  |  |
|           | FILING FEE: \$25.00                                                                                                                                                                          |  |  |  |