

L14000159653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

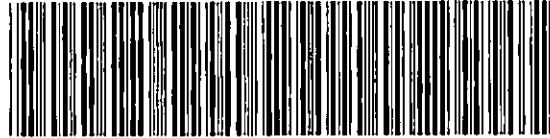
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400308678954

FILED

2010 FEB 15 A 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
OFFICE OF STATE

18 FEB 15 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

FEB 16 2010

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 071699 4358473

AUTHORIZATION :

COST LIMIT : (\$ 25.00)

ORDER DATE : February 14, 2018

ORDER TIME : 12:03 PM

ORDER NO. : 071699-005

CUSTOMER NO: 4358473

DOMESTIC FILINGS

NAME: MARION COUNTY DEVELOPMENT LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER'S INITIALS: _____

FILED
2018 FEB 15 A 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Marion County Development LLC
2. The Articles of Organization were filed on 10/13/14 and assigned
document number L14000159653
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).
No longer conducting business.

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

Michael Berg Authorized Member

Printed Name

FILING FEE: \$25.00

2010 FEB 15 A 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED