

L14000177372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

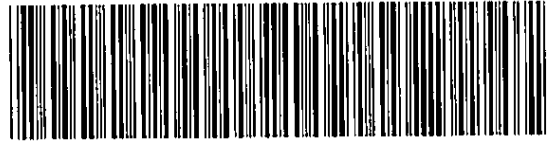
(Document Number)

Certified Copies _____ Certificates of Status _____

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Unit

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02/02/24--01030--025 **25.00

2024 FEB -2 03:11:47
L14000177372

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

1. The name of a limited liability company is

MightyMack RL 7040, LLC

2. The Articles of Organization were filed on November 14, 2014 and assigned

document number L14000177372

3. The delayed effective date the dissolution if not effective on the date of filing: February 15, 2021
(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).

All assets have been disposed. There are currently no assets.

5. If there are no members, enter the name and address of the person appointed to wind up the company's

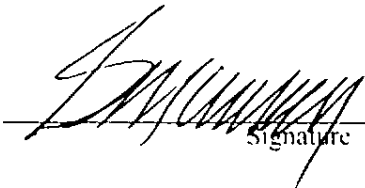
activities and affairs:

Gerald W McKinney

89 NE 56th Ter

Ocala FL 34470

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

Gerald W McKinney

Printed Name

FILING FEE: \$25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mighty Mack RL 7040 LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gerald W McKinney

(Name of Person)

Mighty Mack Enterprise LLC

(Firm/Company)

89 NE 56th Ter

(Address)

Ocala FL 34470

(City/State and Zip Code)

For further information concerning this matter, please call:

Twila B Koon-McKinney

(Name of Person)

352

207-9839

at (_____) _____

(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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee