

L1500000479/5

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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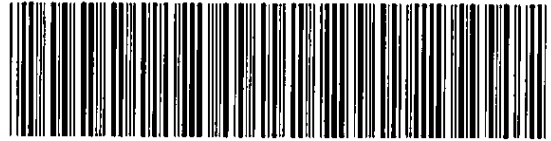
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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R. HUNT

02/16/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Marion Industries 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:

Nancy J. Xavier
(Name of Person)

Marion Industries LLC
(Firm/Company)

8837 SE 132nd Loop
(Address)

Summerfield, Florida 34491
(City/State and Zip Code)

FILED
JAN 21 15 PM 1:50
TALLAHASSEE, FL
DIVISION OF STATE

For further information concerning this matter, please call:

Nancy J. Xavier at (401) 480-2886
(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 32311

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2412 N. 1st St., Suite 201
Tallahassee, FL 32310

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

1. The name of a limited liability company is

MARION INDUSTRIES, LLC

2. The Articles of Organization were filed on 03/17/2015 and assigned

document number L15000047915

3. The delayed effective date the dissolution if not effective on the date of filing: Dec 31, 2023
(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).

Retirement

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:

Nancy J. Xavier
Signature

NANCY J. XAVIER
Printed Name

FILING FEE: \$25.00