

L16000007151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

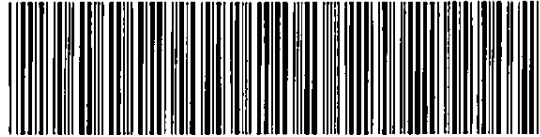
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
JAN - 5 2023

Office Use Only



800419803378

12/07/23--01006--019 \*\*25.00

FILED  
23 DEC -7 PM 1:02  
CLERK OF COURT  
JANUARY 5 2023  
JANUARY 5 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Marsh Holdings, 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:

Donna M. Corder  
(Name of Person)

Marsh Holdings, LLC  
(Firm/Company)

8567 Saltgrass Dr. W  
(Address)

Pensacola, FL 32526  
(City/State and Zip Code)

For further information concerning this matter, please call:

Donna Corder at (850) 291-6173  
(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED  
23 DEC -7 PM 1:05  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Marsh Holdings, LLC

2. The Articles of Organization were filed on Jan 11, 2016 and assigned

document number L16 00000 7151

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).

The purpose of the LLC was to hold property.

The property has been sold and no plans  
exist for further 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:

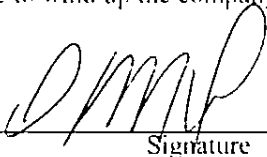
Donna Corder

8567 Saltgrass Dr. W

Pensacola, FL

32526

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

Donna M. Corder  
Printed Name

FILING FEE: \$25.00

## 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: Marsh Holdings, LLC

Document number of Limited Liability Company is: L16000007151

Date of dissolution was: Dec 31, 2023

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

A detailed description of the basis/nature of the claim  
Total amount of the claim  
Date the claimant first became aware of the claim  
Name and address of the claimant

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

8567 Saltgrass Dr. W  
Pensacola, FL 32526

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.

Donna M Corder  
Printed Name of the Person Filing

[Signature]  
Signature of the Person Filing