

216000014948

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000419775 3)))



H200004197753ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
Account Number : I19990000006
Phone : (407)425-7010
Fax Number : (407)425-2747

**LLC DISSOLUTION OR WITHDRAWAL
MAGNOLIA TC 16, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

20 DEC -9 AM 10:51

RECEIVED

RECEIVED

2020 DEC -9 AM 7:24

Electronic Filing Menu

Corporate Filing Menu

Help

((H20000419775 3))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAGNOLIA TC 16, 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:

CHRISTINE L. WEINGART

(Name of Person)

ZIMMERMAN, KISER & SUTCLIFFE

(Firm/Company)

315 E ROBINSON ST., STE. 600

(Address)

ORLANDO, FLORIDA 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

BARBIE A. BLANDINA, PARALEGAL

(Name of Person)

407

425-7010

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
Tallahassee, FL 32314

Street Address:

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

((H20000419775 3))

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

MAGNOLIA TC 16, LLC

2. The Articles of Organization were filed on 1/21/2016 and assigned

document number L16000014948

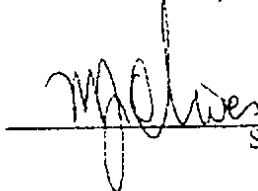
3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2020
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

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 OLIVER

Printed Name

FILING FEE: \$25.00

((H20000419775 3)))

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: MAGNOLIA TC 16, LLC

Document number of Limited Liability Company is: L16000014948

Date of dissolution was: 12/31/2020

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

1. If an individual, the name and address of Claimant. If an entity, the name of the entity, address of the principal office and state of formation, & the registered agent of the entity.
2. The nature of the claim and the specific facts and alleged acts and/or omissions surrounding the claim; all parties involved in the claim.
3. Description of amount/remedy being sought by Claimant.

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

ZIMMERMAN, KISER & SUTCLIFFE

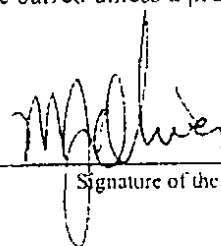
315 E ROBINSON ST., STE 600

ORLANDO, FLORIDA 32801

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.

MICHAEL OLIVER

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

((H20000419775 3)))