

L160000 101857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

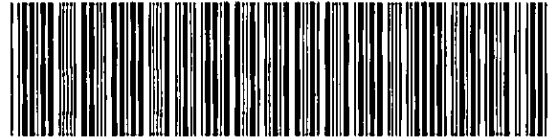
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300327616593

04/11/19--01014--014 ++25.00

FILED

2019 APR 11 PM 6:20

SECRETARY OF STATE  
FILING OFFICE

R. WHITE  
APR 17 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MARCANI ENTERPRISES  
(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:

MIMI M. MOLDEN  
(Name of Person)

MARCANI ENTERPRISES  
(Firm/Company)

171 BEARS PAW TRAIL  
(Address)

NAPLES FL 34105  
(City/State and Zip Code)

For further information concerning this matter, please call:

MATTHEW MARCANI at 305-587-3637  
(Name of Person) (Area Code & Daytime Telephone Number)  
407-797-0907

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/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

2019 APR 11 PM 6:20

SECRET  
TALLAHASSEE, FL

1. The name of a limited liability company is

MARCANI ENTERPRISES

2. The Articles of Organization were filed on MAY 25, 2016 and assigned

document number L16000101857

3. The delayed effective date the dissolution if not effective on the date of filing: APRIL 1, 2019  
(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 IN 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:

MATTHEW MARCANI

MIMI M. MOLDEN

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:

Matthew Marcani  
Signature

Matthew Marcani  
Printed Name

FILING FEE: \$25.00