

LI 6000 114556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

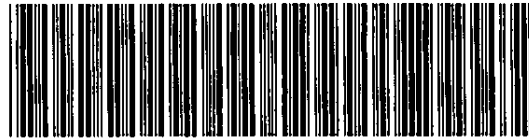
(Business Entity Name)

(Document Number)

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

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2017 JAN -6 A 9:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

S Warren  
JAN 09 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Marshall Rhoades 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:

Marshall Rhoades  
(Name of Person)

Marshall Rhoades LLC  
(Firm/Company)

6926 Friendship Drive  
(Address)

Sarasota, FL 34241  
(City/State and Zip Code)

For further information concerning this matter, please call:

Marshall Rhoades at (941) 306-6174  
(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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

1. The name of a limited liability company is

Marshall Rhoades LLC

2. The Articles of Organization were filed on June 14, 2016 and assigned

document number LLC 000114556

3. The delayed effective date the dissolution if not effective on the date of filing: 6/14/2016  
(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).

I got the LLC for a job/company I worked  
for (it was a requirement). The job did not  
work out, I have not done any work under  
the LLC and do not have a need for it.

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

Marshall Rhoades

6926 Friendship DR.

Sarasota, FL 34241

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:

Marshall Rhoades  
Signature

Marshall Rhoades  
Printed Name

**FILING FEE: \$25.00**

**FILED**  
2017 JAN - 6 A 9 40  
SECRETARY OF STATE  
TAMARAC, FLORIDA