

L16 000 166 982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

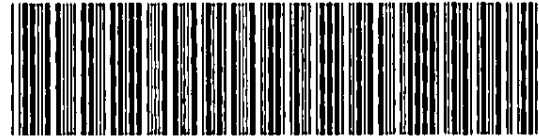
(Business Entity Name)

(Document Number)

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

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07/27/21--01025--019 \*\*25.00

FILED

2021 JUL 27 AM 8:33

STATE OF FLORIDA  
TALLAHASSEE, FL

JUL 27 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Dissolve MACINPAIGE 11 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:

Robert E MacIntyre  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

3504 SE 22nd Ave  
(Address)

Lake Wales FL 33904  
(City/State and Zip Code)

For further information concerning this matter, please call.

Robert MacIntyre 612 770 0219  
(Name of Person) 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

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED  
2021 JUL 27 AM 8:33  
STATE OF FLORIDA  
TALLAHASSEE, FL

1. The name of a limited liability company is

MACINTYRE II

2. The Articles of Organization were filed on 9/7/16 and assigned

document number

L/6000/166952

3. The delayed effective date the dissolution if not effective on the date of filing: 7/28/2021

(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).

Rental Property Sold  
Business no longer  
REQUIRED

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

Robert E MacIntyre  
3504 SE 22nd Ave  
Lape Coral FL 33904

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:

Robert E MacIntyre

Signature

ROBERT E MACINTYRE

Printed Name

FILING FEE: \$25.00

Barbara MacIntyre Barbara MacIntyre