

L17 0000 L9802

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

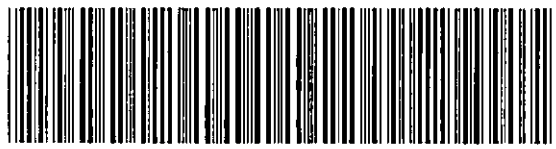
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 SEP 18 AM 11:36
STATE OF FLORIDA
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARSH ISLAND EAST, 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:

NEEWA PHELPS

(Name of Person)

MARSH ISLAND EAST, LLC

(Firm/Company)

12231 REEDPOND DR. W.

(Address)

JACKSONVILLE, FL 32223

(City/State and Zip Code)

For further information concerning this matter, please call:

Neewa Phelps

(Name of Person)

904

495-8091

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**

1. The name of a limited liability company is

MARSH ISLAND EAST, LLC

2. The Articles of Organization were filed on 03/28/2017 and assigned

document number L17000069802

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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

No longer in business

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:

NEEWA PHELPS

12231 REEDPOND DR. W.

JACKSONVILLE, FL 32223

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

NEEWA PHELPS

Printed Name

FILING FEE: \$25.00

2024 SEP 18 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FL

FILED