

L17000108021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

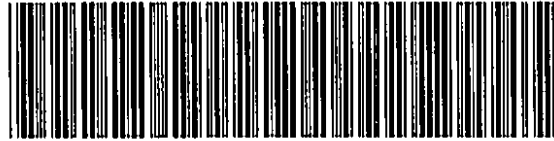
(Business Entity Name)

(Document Number)

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

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FILED  
2017 JUL 31 PM 4:47  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

K. SALY  
AUG - 3 2017

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: **MARKOS DINER 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:

**ESA ZABOURA**

(Name of Person)

(Firm/Company)

**16305 SAN CARLOS BLVD**

(Address)

**FORT MYERS FLORIDA 33908**

(City/State and Zip Code)

For further information concerning this matter, please call:

**ESA ZABOURA**

(Name of Person)

at (

**239**

**339-3381**

(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

FILED  
2017 JUL 31 PM 4:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
MARKOS DINER LLC

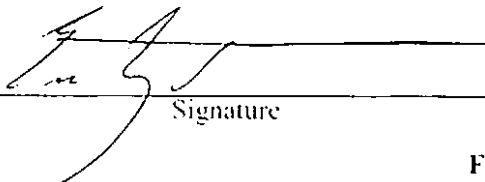
2. The Articles of Organization were filed on MAY 15, 2017 and assigned  
document number L17000108021

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).  
UNANIMOUS VOTE OF THE MEMBERS TO DISSOLVE THE COMPANY AND THE COMPANY  
IS NO LONGER NEEDED.

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

ESA ZABOURA

Printed Name

FILING FEE: \$25.00