

L18 0000 68959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

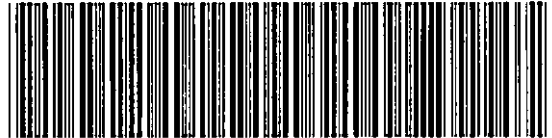
(Business Entity Name)

(Document Number)

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

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D. BRUCE  
JUN 09 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MADDEN COBIA HOUSE 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:

John D. Madden  
(Name of Person)

MADDEN COBIA HOUSE LLC  
(Firm/Company)

91 Pompano St  
(Address)

DESTIN FL 32541  
(City/State and Zip Code)

For further information concerning this matter, please call:

John D. Madden at ( 850 ) 830 5036  
(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2021 APR 19 AM 7:16

FILED

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

1. The name of a limited liability company is

MADDEN CABIN HOUSE LLC

2. The Articles of Organization were filed on March 16, 2018 and assigned

document number L18000065959

3. The delayed effective date the dissolution is not effective on the date of filing: April 27, 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).

Sold

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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ALLAH...  
...

777

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:

John D Madden  
Signature

John D Madden  
Printed Name

**FILING FEE: \$25.00**

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: MADDEN COBIA HOOSE LLC

Document number of Limited Liability Company is: L 18000068959

Date of dissolution was: April 27, 2021

Description of information that must be included in a written claim:

Name  
Address  
Phone No  
Description of claim  
Date of claim

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

91 Pompano St  
Destin FL 32541

FILED  
MAY 11 2021  
TALLAHASSEE, FL

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A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

John D Madden  
Printed Name of the Person Filing

John D Madden  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**