

L18000150649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

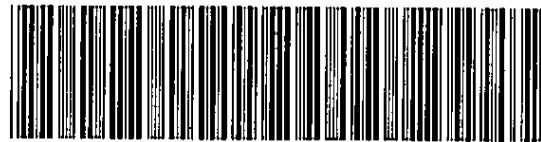
(Business Entity Name)

(Document Number)

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

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FILED  
2020 JUN 15 AM 7:15

JUL 10 2020  
S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Marelin Olivieri 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:

Marelin Olivieri

\_\_\_\_\_  
(Name of Person)

Marelin Olivieri LLC

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

7633 Acadian Drive

\_\_\_\_\_  
(Address)

Orlando, FL 32822

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Marelin Olivieri

407

230-2263

\_\_\_\_\_  
(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**

1. The name of a limited liability company is

Marelin Olivieri LLC

2. The Articles of Organization were filed on June 19, 2018 and assigned

document number L18000150649

3. The delayed effective date the dissolution if not effective on the date of filing: 6/08/2020

(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).

Went out of business.

Went out of business.

Went out of 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:

Marelin Olivieri

7633 Acadian Drive

Orlando, FL 32822

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

Marelin Olivieri

Printed Name

**FILING FEE: \$25.00**

**FILED**  
2020 JUN 15 AM 7:15  
CLERK OF THE COURT  
JANUARY 15, 2020