## 1180002029

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
J DENNIS		
AUG 2 4 2023		

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500413345125

08/07/23--01046--019 \*\*\$5.00

## **COVER LETTER**

1.

TO:

Registration Section

Division of Corporations				
SUBJECT: Mary Blake 7	Properties LLC Liability Company)			
(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:				
Mary (1	31ake) Clous-e			
(Name of Person)				
Mary Blake Properties LLC (Firm/Company)				
(Firm/Company)				
Lehigh Acres, FL, 33936 (City/State and Zip Code)				
(Address)				
Lehigh Acres, FL, 33936				
(City/State and Zip Code)				
For further information concerning this matter, please call:    Mary Cloude   734   518-3932     (Name of Person)   (Area Code & Daytime Telephone Number)				
Mary Clouse	548-3932			
(Name of Person)	(Area Code & Daytime Telephone Number)			
,				
Enclosed is a check for the following amount:				
S25.00 Filing Fee and Certificate of Dissolution	S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
	Certified Copy (additional copy is enclosed)			
Mailing Address: Street Address:				
Mailing Address: Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314	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 Mary Biake Properties LLC
	The Articles of Organization were filed on $06/08/3030$ and assigned
	document number <u>L18000202951</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: 7/36/2003  (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).  end of business and name change
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:    Marx Clouse (R/a/a)
	activities and affairs: Mary Clouse (Blake)  1003 Monroe Dr
	Lehigh Acres, FL, 33936
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
Ì	May Con Mary Clouse
	Signature Printed Name

FILING FEE: \$25.00

## STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:  FIRST: The name of the limited liability company is:				
FIRST: The name of the minted hability company is.				
SECOND: The Florida Document number	of the limited liability company is: L18000202951			
THIRD: The date of filing of the initial arti	icles of organization is: 06/08/2020			
FOURTH: The date of filing of the dissolu	ation is: 4/21/2023			
<b>FIFTH:</b> This limited liability company has that it will file a statement of termination.	completed winding up its activities and affairs and has determined			
Yes, the bank account is closed and there hasn't been	any activity in months.			
Signature of Authorized Representative	Mary Clouse			
Signature of Authorized Representative	Typed or printed name of signature			
	Filing Fee: \$25.00			
Cert	ified Copy: \$30.00 (optional)			

CR2E141 (2/14)