

L18000229872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

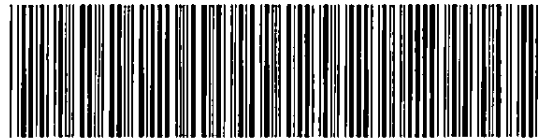
(Document Number)

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

Special Instructions to Filing Officer:

J. HORNE  
SEP 17 2024

Office Use Only



800436194878

09/12/24--01029--003 \*\*25.00

FILED

2024 SEP 12 PM 4:29

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ANMAC Ocala Lease 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:

Judi DeFiccio

(Name of Person)

AnnieMac Home Mortgage

(Firm/Company)

700 East Gate Drive, Suite 400

(Address)

Mount Laurel, NJ 08054

(City/State and Zip Code)

For further information concerning this matter, please call:

Judi DeFiccio

(Name of Person)

856

335-2263

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

FILED  
2024 SEP 12 PM 4:29  
FSLD,  
FLA.

1. The name of a limited liability company is  
ANMAC OCALA LEASE LLC
2. The Articles of Organization were filed on September 28, 2018 and assigned  
document number L18000229872
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).  
The consent of all the members.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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:

DocuSigned by:

Joseph Panebianco

A1076121E5A542C

Signature

Joseph Panebianco

Printed Name

FILING FEE: \$25.00