

L18 000 290424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

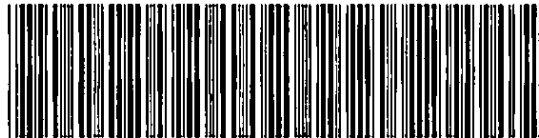
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J. HORNE

MAR 28 2022

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2022 MAR 15 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FL 32399

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTERNATIONAL MARINE ASSOCIATES 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:

KEITH G. MORCROFT

(Name of Person)

INTERNATIONAL MARINE ASSOCIATES LLC

(Firm/Company)

PO BOX 744

(Address)

ISLAMORADA, FL 33036

(City/State and Zip Code)

For further information concerning this matter, please call:

KEITH MORCFROFT

(Name of Person)

at (352 4928561)

(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
INTERNATIONAL MARINE ASSOCIATES LLC

2. The Articles of Organization were filed on 12/19/2018 TO 4-15-21 and assigned
document number L18000290424

3. The delayed effective date the dissolution if not effective on the date of filing: MARCH 1, 2022
(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).

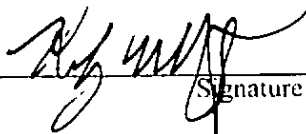
NO NEED FOR LLC PROTECTIONS, I WILL/MAY PROCEED AS A SOLE PROPRIETOR, IF NEEDED.

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NO NEED FOR LLC PROTECTIONS, I WILL/MAY PROCEED AS A SOLE PROPRIETOR, IF 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: NO OTHERS, THAN KEITH MORCROFT

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

KEITH GILBERT MORCROFT
Printed Name

FILING FEE: \$25.00

FBID # 83-2874026

FILED
2022 MAR 15 AM 11:52
SECRETARY OF
STATE
TALLAHASSEE, FL