L20000268631

| (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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| Special Instructions to Filing Officer: |
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05/09/24--01002--003 **52.50

07/17/24=-01004--002 **2.50

2024 JUL 16 PH 4: 10



Division of Corporations

June 14, 2024

APRILMAE ALVAREZ-LYONS 585 MAIN ST, SUITE 201 DUNEDIN, FL 34698

SUBJECT: MARLOW53, LLC Ref. Number: L20000268631

We have received your document for MARLOW53, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline Regulatory Specialist II Supervisor 2024 JUL 16 PH 4: 10

Letter Number: 024A00013049

COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|--|--|-------------------------|--|
| SUBJECT: May low 53 (Name of Limited) | Liability Company) | _ | |
| The enclosed Articles of Dissolution and fee(s) are submitted | • | | |
| Please return all correspondence concerning this matter to the Aprilladd (Name of May 10W 53, LLC (Firm/C) Po Box 2083 (Add Dunedan F | Pompany) | 2014 11 16 PH 4: 10 | |
| Enclosed is a check for the following amount: | Sat (727) 400 - 3929 (Area Code & Daytime Telephone Number) (S55.00) Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) | _ | |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee | | |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| ١. | The name of a limited liability company is May low 53, LLC | ' |
|----------|---|-------------|
| 2. | The Articles of Organization were filed on $\frac{09/04/2020}{}$ and assigned | |
| | document number <u>L20000 268631</u> | |
| 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 listed as the document's effective date on the Department of State's records. |) not be |
| 4. | A description of occurrence that resulted in the limited liability company's dissolution pursuant to sect 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). ### ### ### ### ### ### #### ######## | iion |
| | | 70 |
| | | 2024 JUL |
| | | |
| | | - P |
| 5. | . If there are no members, enter the name and address of the person appointed to wind up the company | 7 |
| | activities and affairs: | .0 |
| | | _ |
| | | _ |
| | | |
| 6. al | . Signature of an authorized person or if there are no members, the signature of the person appointed an bove to wind up the company's activities and affairs: | d listed |
| | MI GANY CONNORS | |
| | Signature Printed Name | |
| | FILING FEE: \$25.00 | |

v

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: Marlow53, UC |
|---|
| Document number of Limited Liability Company is: L20000 268631 |
| Date of dissolution was: 12/31/2023 |
| Description of information that must be included in a written claim: |
| Date; Description of claim; address and name of |
| Claimant; date of unresolved payment usue: |
| |
| |
| |
| 0 |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) |
| 6ARY J. Connors 585 Main St., Surfe 201 Dunedin, 76 34698 |
| 585 Main St., Suite 201 |
| Dunedin, 71 34698 |
| |
| |

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.

Printed Name of the Person Piling Signature of

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