

L040000 35110

(Requestor's Name)

(Address)

(Address)

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PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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R. WHITE  
JAN 30 2020

2020 JAN -2 AM 8:54

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: MK GROUP LLC  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

KIRUDDINAN BALASUBRAMANIAM  
(Name of Person)

(Firm/Company)

5850 NW 119 DR

(Address)

CORAL SPRINGS FL 33076

(City/State and Zip Code)

For further information concerning this matter, please call:

K BALA

(Name of Person)

at 954, 856 3375

(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

2019 JAN -2 AM 8:54

1. The name of a limited liability company is  
MK GROUP LLC
  
2. The Articles of Organization were filed on 12-30-2019 and assigned  
document number L04000035110
  
3. The delayed effective date the dissolution if not effective on the date of filing: 12-31-2019  
(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).  
BUSINESS CLOSED
  
  
  
  
  
  
  
  
  
  
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:

Ⓡ

Meena Krishnan

Signature

MEENA KRISHNAN

Printed Name

FILING FEE: \$25.00