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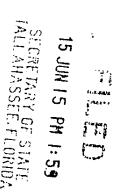
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TO: Registration Section
Division of Corporations
SUBJECT: Dissolution of Mr. C's Headquarters, L.
DOCUMENT NUMBER:
The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Diam & Concescioa
(Name of Contact Person)
Mr. C'S Headquarters, LLC
(Firm/Company)
1725 NE 22rd St.
(Address)
<u>Cape Coral, FL. 33989</u>
(City/State and Zip Code)
For further information concerning this matter, please call:
Diana R. Concepción at (239) 745-0553
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
□\$25 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability of	ompany is
Mr.C's He	adquarters, LLC
2. The Articles of Organization we	re filed on Old 09 2010 and assigned
document number <u>L1000</u>	00061563
(effective date on <u>Note:</u> If the date inserted in this bl	issolution if not effective on the date of filing: 0 12015 cannot be prior to or more than 90 days later than date document is received for filing) lock does not meet the applicable statutory filing requirements, this date will not be late on the Department of State's records.
4. A description of occurrence that 605,0707, Florida Statutes, (copy	resulted in the limited liability company's dissolution pursuant to section 605.0707 on back cover letter).
No Longer o	profitable. Both parties on
Corporation ho	eve agreed to dissolution.
·	J
5. If there are no members, enter th	the name and address of the person appointed to wind up the company's
activities and affairs:	DIWILL R. COMPTON
_	1725 NE 22rd St. 55 5
	Cape Coral FL 33909
6. Signature of an authorized perso listed above to wind up the compan	on or if there are no members, the signature of the person appointed and by's activities and affairs:
Vala Koncepti	Dianar Concepción Printed Name

FILING FEE: \$25.00