

L15000048907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

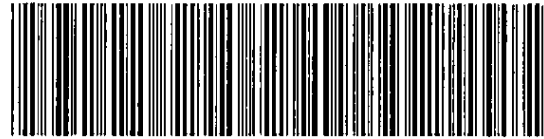
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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RECEIVED

2022 JAN 18 AM 11:57

ALLAHASSEE, FLORIDA

LLC
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w/Notice

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ALLAHASSEE, FLORIDA

JAN 19 2022
D CONNELL



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: **January 17, 2022**

Account#: I20000000088

Name: **GREG PINTACUDA**

Reference #: **1571850**

Entity Name: **MCPE1 LLC**

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☒ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other **apon filling need certified copy**

Authorized Amount: **\$55**

Signature: 



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Date: **January 17, 2022**

Account#: 1200000000088

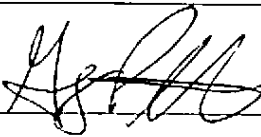
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Reference #: **1571850**

Entity Name: **MCPE1 LLC**

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
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- ☒ Other **apon filling need certified copy**

Authorized Amount: **\$55**

Signature: 

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MCPE1 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:

Stefano D'Aniello

(Name of Person)

D'Aniello, PA

(Firm/Company)

7450 Southwest 116th Street

(Address)

Pinecrest, Florida 33156

(City/State and Zip Code)

For further information concerning this matter, please call:

Stefano D'Aniello
(Name of Person)

at (646) 715-8865
(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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

MCPE1 LLC

2. The Articles of Organization were filed on 03/19/2015 and assigned

document number L15000048907

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 pursuant to Section 605.0701(2) of the Florida Statutes

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

2022 JAN 18 PM 1:16
SECRETARY OF STATE
ALL ASSOCIATES

FILED

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

Iván Garófalo V.

Printed Name

FILING FEE: \$25.00

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: MCPE1 LLC

Document number of Limited Liability Company is: L15000048907

Date of dissolution was: January 14, 2022

Description of information that must be included in a written claim:

A brief description of the nature of the claim, the amount of the claim, and the date the claim was incurred.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Attention: Finance & Legal

2135 NW 1st Avenue Miami, FL 33127

with a copy to: Stefano D'Aniello, D'Aniello PA

7450 Southwest 116th Street, Pinecrest FL 33156

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.

Iván Garófalo V.

Printed Name of the Person Filing



Signature of the Person Filing