

A110000000135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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2015 JUL -8 AM 10:34  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

JUL 13 2015

Y SULKER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MC DADE, LP  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

DOUGLAS MACMATHON

(Contact Person)

MC DADE, LP

(Firm/Company)

4114 WEST/HESTER DR STE 550

(Address)

DALLAS TX 75225

(City, State and Zip Code)

For further information concerning this matter, please call:

DOUGLAS MACMATHON

(Name of Contact Person)

at ( 214 ) 520-9000

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☐ \$61.25 Filing Fee  
and Certificate of  
Status

☐ \$105.00 Filing Fee  
and Certified Copy

☒ \$113.75 Filing Fee,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

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

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**CERTIFICATE OF DISSOLUTION  
FOR**

ML DADE, LP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on FEB 11 2011, assigned Florida document number A11000000135, hereby submits this Certificate of Dissolution.

**FIRST:** Reason for dissolution: (State why partnership is submitting dissolution)

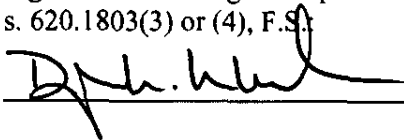
THE PARTNERSHIP HAS SOLD ALL OF ITS ASSETS  
AND THE MEMBERS HAVE ELECTED TO DISSOLVE  
THE PARTNERSHIP

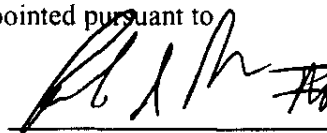
**SECOND:** ☒ A Notice of Dissolution is attached.  
(Check box if attached.)

**THIRD:** Effective date, if other than the date of filing: \_\_\_\_\_

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:





Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75

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**NOTICE OF DISSOLUTION  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:

MC DADE, LP

Description of information that must be included in a claim:

THE PARTNERSHIP HAS SOLD ALL OF ITS  
ASSETS AND THE MEMBERS HAVE ELECTED  
TO DISSOLVE THE PARTNERSHIP

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

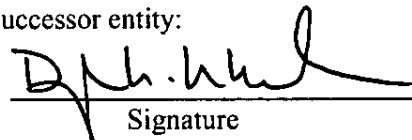
6214 WESTCHESTER DRIVE STE 550  
DALLAS TX 75225

A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:

DOUGLAS MACMATHON

Printed Name



Signature

**Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.**

CLERK OF STATE  
JUL 8 2015  
AM 10 34

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ML DADE LP  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

DOUGLAS MACMAHON  
(Contact Person)

~~DAD~~ ML DADE LP  
(Firm/Company)

4414 WESTCHESTER DR STE 550  
(Address)

DALLAS TX 75225  
(City, State and Zip Code)

For further information concerning this matter, please call:

DOUGLAS MACMAHON at (214) 520-9000  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☐ \$61.25 Filing Fee  
and Certificate of  
Status

☐ \$105.00 Filing Fee  
and Certified Copy

☒ \$113.75 Filing Fee,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

STATEMENT OF TERMINATION  
FOR

MC PADE LP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on FEB 11 2011, hereby submits this Statement of Termination.

The limited partnership or limited liability limited partnership has completed winding up its affairs and wishes to file a statement of termination.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

[Signature]  
\_\_\_\_\_  
\_\_\_\_\_

[Signature]  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
PALM BEACH COUNTY, FLORIDA

2015 JUL -8 AM 10:34

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Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75