

(Req	uestor's Name)	
الدائد ١٥٠		
(Add	ress)	
(Add	ress)	
(City)	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
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(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	





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B. BOSTICK

JAN 16 2014

EXAMINER

## **COVER LETTER**

TO: Registration S Division of C			
SUBJECT: Name of F	C MINNESC Florida Limited Partnership	or Limited Liability Limite	ed Partnership)
The enclosed Certific	ate of Dissolution and	fee(s) are submitted for	or filing.
Please return all corre	espondence concerning	g this matter to:	
DOVELAS	(Contact Person)	ton	
WO_MINI	(Firm/Company)	<del></del>	
8214 NBSTA	CHESTER DE	STE 550	
DALLAS	TX 75226 City, State and Zip Code)	) 	
For further informati	on concerning this mat	tter, please call:	
DOUBLAS N (Name of Conta	1. 1. 1 . 2 31 101		ytime Telephone Number)
•	or the following amou	•	
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	S113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRES Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	ions er Circle	MAILING A Registration S Division of C P. O. Box 633 Tallahassee, I	Section Sorporations S

## CERTIFICATE OF DISSOLUTION FOR

MC MINNESOTA, LP	
(Name of Florida Limited Partnership or Limited Liability Limited Partnershi	p)
Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida partnership or limited liability limited partnership, whose certificate was filed Florida Department of State on NOVEMBER 3, 2011, assigned document number Allobood 795, hereby submits this Certificate Dissolution.	d with the d Florida
FIRST: Reason for dissolution: (State why partnership is submitting dissol	ution)
THE PARTNERSHIP HAS SOLD ALL OF IT.	<u>S</u>
ASSETS AND THE MEMBERS HAVE BECT	ED
TO DISSOLVE THE PAPTNERSHIP.	
	-
SECOND: A Notice of Dissolution is attached. (Check box if attached.)  THIRD: Effective date, if other than the date of filling:	
(Effective date cannot be prior to nor more than 90 days after the date this document is filed Department of State.)	l by the Florida
Signatures of each general partner or the person appointed pursuant to s. 620:1206(3) of (4), F.Sa	ALLAN SS
POBERT   PARKS   III	7
MANAGER OF MC MINNESOTA GP LLC	္ မ
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	, 0

## 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 Partnershi	p:	
MC MINNESOTA, LP		<b></b> .
Description of information that must be included in a claim:		
THE PARTNEPSHIP HAS SOLD ALL OF I	TS.	_
ASSETS AND THE MEMBERS HAVE ELECTE	D_	
TO DISSOLVE THE PAPTNEPSHIP.		
Mailing address where claims can be sent: (Claims cannot be sent to the Florid Department of State.)	a	
944 WOST CHESTER DR STE 660	<b>3</b> -1, .	<u></u>
DKLUPS TX 76226		j Ur.
	ν: γ27	ن ان در
		=
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 years after the filing of the notice.		ـــــــــــــــــــــــــــــــــــــ
4 years after the fitting of the notice.		
Signature of a general partner or a principal of the successor shity:	1 14	-

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