

A1500000559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

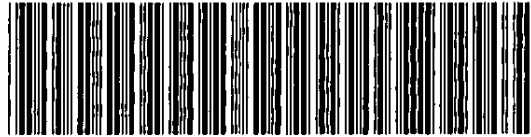
(Business Entity Name)

(Document Number)

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16 AUG 22 AM 8:30
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TALLAHASSEE, FLORIDA

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DATE: 8/22/16

NAME: MND PROPERTIES FL, LLLP

TYPE OF FILING: DISSOLUTION

COST: 52.50

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MND PROPERTIES FL, LLLP
(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:

Antonina Lagiorgia
(Contact Person)

MND Properties
(Firm/Company)

5184 Boul Cousineau suite: 156
(Address)

St. Hubert, Qc, J3Y-0E1
(City, State and Zip Code)

For further information concerning this matter, please call:

Antonina Lagiorgia at (438) 448-4114
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee
and Certificate of
Status | <input type="checkbox"/> \$105.00 Filing Fee
and Certified Copy | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2016

FLORIDA FILING & SEARCH SERVICES
ABBIE HODGE

SUBJECT: MND PROPERTIES FL, LLLP
Ref. Number: A15000000559

FILED
16 AUG 22 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MND PROPERTIES FL, LLLP and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 416A00017939

Please keep original
file date.
Thanks!

RECEIVED
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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

**CERTIFICATE OF DISSOLUTION
FOR**

MND Properties FL, LLLP

(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 September 9, 2015, assigned Florida document number A15000000559, hereby submits this Certificate of Dissolution.

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

Entity no longer required.

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.:

ANTONINA LAGIOGIA
MICHAEL HERBERT

[Signature]
[Signature]

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

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TALLAHASSEE, FLORIDA