# A960000000009

(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:

A. LUNT

DEC - 5 2011

**EXAMINER** 

Office Use Only



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12/02/11--01022--025 \*\*215.00



#### Holly Eakin Moody P.A. Attorney at Law

2900 East Oakland Park Boulovard Fort Laudordalo, Florida 33306-1888

> Felephons (954) 566-7417 Fax (954) 565-2392

December 1, 2011

#### Sent Via Fedex

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

Re:

Meadowbrook MHP, LLC

Meadowbrook Management, LLC

Akers Away Ltd.

Dear Sir/Madam:

Enclosed please find the following documents for filing with the State of Florida, Division of Corporations:

- 1. Articles of Amendment to Articles of Organization of Meadowbrook MHP, LLC and one copy
- 2. Articles of Dissolution for a Limited Liability Company Meadowbrook Management, LLC and one copy
- 3. Certificate of Dissolution for Akers Away, Ltd and one copy

I am also enclosing our check in the amount of \$215.00 for the cost of the filing fees and certified copies.

At this time I have nothing further to offer; however, should you have any questions or concerns please feel free to contact me at the office.

Very truly yours,

Legal Assistant

Enclosures

#### **COVER LETTER**

(C): Registration S Division of Co						
SUBJECT: AKERS		i a T i	itad Tiabili	4 T :	tod Doute analyin)	
(Name of F	lorida Lillined Partileisiii	ib or min	iteu Liabili	ty Linii	ted Partnership)	
The enclosed Certification	ate of Dissolution an	d fee(s)	are subm	nitted f	or filing.	
Please return all corre	enondence concernir	na thic r	natter to:			
iouse return un corre	spondence concerni	ig uns i	nattor to.			
lolly Eakin Moody, Esq	uire					
	(Contact Person)			_		
lolly Eakin Moody, P.A						
	(Firm/Company)			_		
900 E. Oakland Park E	3lvd.					
	(Address)	•		<del></del>		
t. Lauderdale, Florida	33306					
(C	ity, State and Zip Code)			_		
or further informatio	n concerning this ma	atter, pl	ease call:			
OLLY EAKIN MOODY	, ESQ	at (	954	) 566	-7417	
(Name of Contac	t Person)		(Area Code	and Da	aytime Telephone Number)	
Enclosed is a check for	or the following amou	unt:				
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status		5.00 Filing ertified Co		\$113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRESS:			MAILING ADDRESS:			
Registration Section		Registration Section				
Division of Corporations		Division of Corporations				
			P. O. Box 6327 Tallahassee, FL 32314			
			ı anan	assee, i	FL 34314	
(Name of Fine enclosed Certificate) Please return all corrections and the second certificate of the enclosed o	lorida Limited Partnershi ate of Dissolution an spondence concernir  uire (Contact Person)  (Firm/Company)  Blvd. (Address)  33306 ity, State and Zip Code) on concerning this may ESQ of Person) or the following amount  \$61.25 Filing Fee and Certificate of Status  : ons	d fee(s)  ng this r  atter, ple  at (  unt:	ease call:  954 (Area Code MAIL Regists Division P. O. E	566 be and Da	-7417  aytime Telephone Number)  \$113.75 Filing Fee, Certified Copy, and Certificate of Status  ADDRESS: Section Corporations 27	

### CERTIFICATE OF DISSOLUTION FOR

AKERS AWAY, LTD
(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 3/26/1996, assigned Florida document number_A96000000609, hereby submits this Certificate of Dissolution.
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)
No longer necessary to maintain entity
. and the same of
SAR 2
SECOND: A Notice of Dissolution is attached.
(Check box if attached.)
THIRD: Effective date, if other than the date of filing: December 1, 2011
(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.:
STAIR'S MANAGEMENT, INC., BY
DARYL L. STAIR, PRESIDENT
<del></del>
Filing Fee: \$52.50
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75

## 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:

AKERS AWAY, LTD	
Description of information that must be included in a claim:	ALLA.
Detail of amounts owed and payees	対党
	9355 0 XX
	(D.77)
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)	
10440 GOLDEN EAGLE COURT	
PLANTATION, FLORIDA 33324	
· · · · · · · · · · · · · · · · · · ·	
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.	d within
Signature of a general partner or a principal of the successor entity:	
Daryl L. Stair, President of Stairs Management, INC.,	<del></del>
STAIRS MANAGEMENT, INC., GENERAL Signature	
The Atlanta of Dissolution If filed congrete	<b>x</b> r

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