

A97000000363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

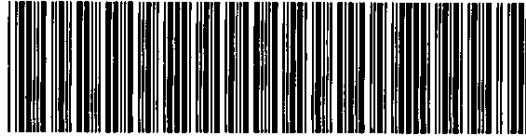
(Document Number)

Certified Copies _____ Certificates of Status _____

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04/28/15--01002--003 **52.50

effective date 6/30/2015

FILED
15 MAY 18 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

dissolution w/ notice

MAY 28 2015

D CUSH

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MLH II, L.P.

(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:

Michael B. Haber

(Contact Person)

MLH Financial Services, Inc.

(Firm/Company)

P.O. Box 1038

(Address)

Dunedin, FL 34697

(City, State and Zip Code)

For further information concerning this matter, please call:

Michael B. Haber

(Name of Contact Person)

at (813) 877-3233 ext. 1

(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

SECRETARY OF STATE
TALLAHASSEE, FL 32301
15 MAY 18 PM 1:55



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2015

MICHAEL B. HABER
MLH FINANCIAL SERVICES, INC.
P.O. BOX 1038
DUNEDIN, FL 34697

SUBJECT: MLH II, L.P.
Ref. Number: A97000000363

We have received your document for MLH II, L.P. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and 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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 615A00009519

RECEIVED
15 MAY 18 PM 2:16
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION
FOR**

MLH II, L.P.

(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 February 11, 1997, assigned Florida document number A97000000363, hereby submits this Certificate of Dissolution.

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

MLH II, L.P. was acquired by MLH Financial Services, Inc. on December 31, 2014. MLH II, L.P.

was dissolved and the remaining assets were assigned to MLH Financial Services, Inc. A Notice of Assignment was mailed to all interested parties.

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

THIRD: Effective date, if other than the date of filing: June 30, 2015

(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.:

W. O. B. H.

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

15 MAY 18 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

MLH II, L.P.

Description of information that must be included in a claim:

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

MLH Financial Services, Inc.

P.O. Box 1038

Dunedin, FL 34697

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:

Michael B. Haber, General Partner

Printed Name



Signature

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

15 MAY 18 PM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA