

L02000023198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

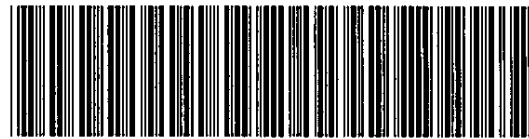
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/16/14--01005--007 **25.00

EFFECTIVE DATE 12/31/14

FILED
14 OCT 16 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GM
11/17/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MS LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Usher Bryn, Esquire

(Name of Person)

18851 NE 29 Avenue

(Firm/Company)

Suite 1010

(Address)

Aventura, FL 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

Usher Bryn

(Name of Person)

305

at ()

937-1308

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 29, 2014

USHER BRYN, ESQ.
18851 NE 29 AVE, SUITE 1010
AVENTURA, FL 33180

SUBJECT: MS, LLC
Ref. Number: L02000023196

We have received your document for MS, LLC and your check(s) totaling \$25.00. 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) 245-6051.

Elliott R McCaskill
Registration Specialist II

Letter Number: 514A00023174

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
MS, LLC
2. The Articles of Organization were filed on 9/6/2002 and assigned
document number L02000023196
3. The delayed effective date the dissolution if not effective on the date of filing: December 31, 2014
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
Pursuant to voluntary consent of members.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:
6. Signature of an authorized person or if there are no members, the signature of the person appointed and
listed above to wind up the company's activities and affairs:

Signature

Michael S. Sigman

Printed Name _____

FILING FEE: \$25.00

FILED
14 OCT 16 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA