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Florida Dept of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Certificate of Cancellation



August 5, 2004

Dear Division of Corporations,

Please accept this letter as confirmation that I wish to cancel:

Mid Atlantic Company, LLC

If you have any further questions or concerns please feel free to contact me at the address below.

Sincerely,

Paul Warnell

2017 King Air Court

Port Orange, FL 32128

Phone - 386-763-5583

Cell - 386-316-6253



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood Secretary of State

AN ALLOS ON LOS ON LOS

August 11, 2004

PAUL WARNELL 2017 KING AIR COURT PORT ORANGE, FL 32128

SUBJECT: MID ATLANTIC COMPANY, LLC

Ref. Number: L03000009717

We have received your document for MID ATLANTIC COMPANY, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Letter Number: 604A00049757

Joey Bryan Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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TRANSMITTAL LETTER TO: Registration Section Division of Corporations SUBJECT: MID Anawac Company LLC (Name of Limited Trability Company)	
TRANSMITTAL LETTER	55
TO: Registration Section	٠٧.
Division of Corporations	<i>(.</i> _
SUBJECT: MID ATLANTIC COMPANY LLC	00
(Name of Limited Liability Company)	45
y	,
The enclosed Articles of Dissolution and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
PAUL WARNELL (Name of Person)	
(Name of Person)	
(Firm/Company)	
(i min company)	
2019 KING AIR COURT	
2019 KING AIR COURT (Address) PORT ORANGE, FL 32128	
PORT ORANGE, FL 32128	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
PAU WARNER at 386 316-6253 (call)	
(Name of Person) at (386) 3/6-6253 (cell) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	. **
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee,	. **
Certificate of Status / Certified Copy Certificate of Status &	
(additional copy is enclosed) Certified Copy	

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

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

ARTICLES OF DISSOLUTION **FOR** A FLORIDA LIMITED LIABILITY COMPANY

•		•
ARTICLE	S OF DISSOLUTION	TON AUG 30 PM 4: OF
A FLORIDA LIMI	FOR ITED LIABILITY COMPANY	ACTON BONCE
A FLORIDA LIMI	HED CIADILITY COMPANY	AHAS CON PA
The name of the limited liability company	is	30, 10, 10, 10, 10, 10, 10, 10, 10, 10, 1
MID ARANTIC COMPANY, LLC	<u> </u>	OP/Ox
The date the dissolution was approved:	JAN 1, 2004	
A description of the occurrence that result	ed in the limited liability company's di	issolution pursuant to
section 608.441, Florida Statutes, (copy of		•
No Business		
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	32	333E
	The state of the s	mana and a second control of the second cont
CHECK ONE: All debts, obligations and liabilities of the -OR- Adequate provision has been made for the		_
All remaining property and assets have been respective rights and interests.	•	
CHECK ONE: There are no suits pending against the com-OR-	pany in any court.	
Adequate provision has been made for the be entered against it in any pending suit.	satisfaction of any judgment, order or	decree which may
gnatures of the members having the same dissolution:	percentage of membership interests n	necessary to approve
Signature Gullianell	Typed or Printed name	
Visit I in the second		e s <u>a and</u> est est de la company
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Filing Fee: \$25.00