

204000005845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

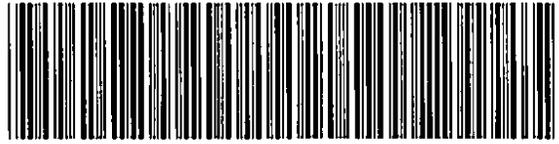
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900315222549

06/29/18--01011--005 **25.00

STATE OF TEXAS
CLERK OF THE COURT
1100 NORTH ST
DALLAS, TX 75202

18 JUN 29 PM 1:02

FILED

K SALY
JUL -5 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MM106, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Tom Woods

(Name of Person)

Tom Woods PA

(Firm/Company)

116 Porto Salvo Drive

(Address)

Islamorada, FL 33036

(City/State and Zip Code)

For further information concerning this matter, please call:

Tom Woods

(Name of Person)

at (305) 664.2200

(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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
18 JUN 29 PM 1:02
STATE OF FLORIDA
DEPARTMENT OF REVENUE

1. The name of a limited liability company is
MM106, LLC

2. The Articles of Organization were filed on 22 January 2004 and assigned
document number I.04000005845

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).
The consent of all 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:

Barbara Scheu
Signature

Barbara Scheu
Printed Name

FILING FEE: \$25.00