

L04000007563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

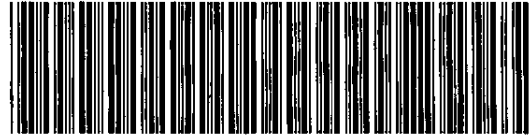
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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900265535129
10/20/14--01022--022 **25.00

FILED
2014 OCT 20 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14. Bulligan NOV - 3 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIDDLEWARE ASSOCIATES 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:

PATRICK J CONNERS

(Name of Person)

MIDDLEWARE ASSOCIATES LLC

(Firm/Company)

1697 E CLASSICAL BLVD

(Address)

DELRAY BEACH, FL 33445

(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICK CONNERS

(Name of Person)

561

313-1239

at ()

(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

2014 OCT 20 PM 4: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
MIDDLEWARE ASSOCIATES LLC

2. The Articles of Organization were filed on JANUARY 28, 2004 and assigned
document number L04000007563

3. The delayed effective date the dissolution if not effective on the date of filing: 1
(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).

TRANSFERRED BUSINESS ENTITY TO THE STATE OF TENNESSEE

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: PATRICK CONNERS

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

PATRICK CONNERS

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: MIDDLEWARE ASSOCIATES LLC

Document number of Limited Liability Company is: L04000007563

Date of dissolution was: 10/20/14

Description of information that must be included in a written claim:

DATE OF CLAIM AND COMPLETE DESCRIPTION

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

MIDDLEWARE ASSOCIATES LLC

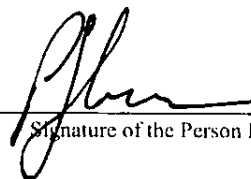
711 MOUNTAIN VIEW AVENUE

MARYVILLE, TN 37803

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

PATRICK CONNERS

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

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TALLAHASSEE, FLORIDA