

LO4000031626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

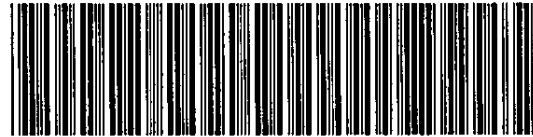
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200302502922

200302502922
09/20/17--01018--007 **25.00

FILED
17 SEP 20 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
SEP 21 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MRS AIR 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:

JOSEPH H SMITH

(Name of Person)

SCG FIELDS, LLC

(Firm/Company)

10303 BRACKSVILLE ROAD

(Address)

BRACKSVILLE, OHIO 44141

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH H SMITH

(Name of Person)

at (

216

(Area Code & Daytime Telephone Number)

225-6889

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

FILED
SEP 20 PM 12:36
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

1. The name of a limited liability company is

MBS AIR LLC

2. The Articles of Organization were filed on 4.22.2004 and assigned

document number L 04000031626

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

(1) AN EVENT OR CIRCUMSTANCE THAT THE OPERATING AGREEMENT STATES CAUSES
DISSOLUTION

(2) THE CONSENT OF ALL THE MEMBERS

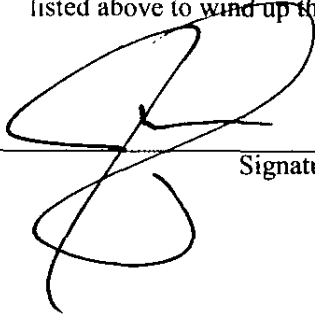
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Joseph H Smith Esq.

10303 BRACKSVILLE ROAD

BRACKSVILLE, OHIO 44141

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

Joseph H Smith

Printed Name

FILING FEE: \$25.00

FILED
SEP 20 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA