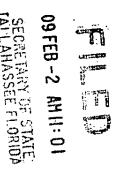
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Office Use Only

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: MJM ASSOCIATES LLC- (Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mark J. Monaco (Name of Person)
MJM ASSOCIATES, LLC- (Firm/Company)
721 Atlantic Shores Blue #103
Hallandale FL-33009
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (954) 562-5766 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$30.00 Filing Fee \$\frac{1}{25.00}\$ Siling Fee \$\frac{1}{25.00}\$ Filing Fee \$\frac{1}{25.00}\$ Filing Fee \$\frac{1}{25.00}\$ Certificate of Status \$\frac{1}{25.00}\$ 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

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09 FEB -2 AM 11:01

**FILING FEE: \$25.00**