(0)4000052899

(Requestor's Name)								
(Address)								
(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



300049560063

SECRETARY OF STATE TALLAHASSEE, FLORIDA

04/06/05--01038--001 **25.00

W452699



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 8, 2005

MIGUEL SAINZ P.O. BOX 562636 PINECREST, FL 33256-2636

SUBJECT: M & M MARKETING LLC

Ref. Number: L04000052899

We have received your document for M & M MARKETING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Number two of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 805A00024098

TRANSMITTAL LETTER

TO:	Registration Sec Division of Corp		∳ 	·					
SUBJE	ст: <u>М &</u>	m Market (Name of I	ing L imited Liabil	ity Company)		_			
The end	closed Articles of l	Dissolution and fee(s) are sub	mitted for fili	ng.					
Please r	eturn all correspon	ndence concerning this matter	to the follow	ing:					
		Miguel	A Sa (Name of Perso	eln Z		SECRETARY OF	2005 APR 21 PM 2: OC		
		-	(Firm/Compan	y)		<u> </u>	==		
		P.O. BO.	x 562	2636		TATE ORIDA	2: 00		
Pinecrest, FL 33256-2636 (City/State and Zip Code)									
For furt	her information co	oncerning this matter, please o	all:						
	Migue	(Name of Person)	at (_	(Area Code & Da	ytime Telephone Num	iber)			
Enclose	t is a check for the f	ollowing amount:							
	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certifi	Filing Fee & led Copy ional copy is enclose	Section 5 \$60.00 Find Certificate of Certified Contact (additional contact con	f Status & py	sed)		

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

1. The	name of t	he limite	ed liabil	ity comp	oany is							
	ſΥ	&	m	Ma	rke	ting	î	LL	2			
2. The	date the d									۶.	TALL	2005
	escription tion 608.4							-			lution Reput	rsignt to
	10	<i>bu</i>	15in	e55	eve	rto	<u>an 5</u>	sact	ed		Y OF STAT	PN 2: 0
								7			DA -	<u> </u>
Ali -OF	ECK ON debts, obl - equate pro	igations					•	• •		•		
5. All res	remaining pective rig	g propert	y and a	ssets hav	e been	distribute	ed am	ong its n	nembers	in accor	dance wi	th their
6. CH The	ECK ON ere are no	E: suits per	iding ag	gainst the	e compa	ny in any	cour	rt.				
☐ Ade	equate pro entered ag					tisfaction	of ar	ny judgm	ent, ord	er or dec	ree which	n may
	ures of the	e memb	ers hav	ing the	same pe	ercentage	of m	nemb e rsh	ip inter	ests nece	essary to	approve
Sig	nature ,	usj				-	Ту	ped or P	rinted na	ame <i>Sa</i> ci	ΝZ	
	···	 .				 ; .		· ·	56,			
						_	· ·		·			
						_						