

LD4 000069461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

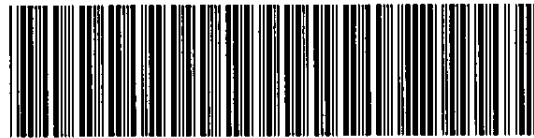
(Business Entity Name)

(Document Number)

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Bass Sox Mercer

Requester's Name

2822 Remington Green Circle

Address

Tallahassee, FL 32308

City/State/Zip

Phone

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. ML # 3, L.L.C.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
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(Corporation Name) (Document #)
6. _____
(Corporation Name) (Document #)
7. _____
(Corporation Name) (Document #)

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☐ Pick up time _____

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☐ Will wait

☐ Photocopy

☐ Certificate of Status

ARTICLES OF DISSOLUTION

OF

ML #3, L.L.C.

Pursuant to Section 608.445, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

- FIRST: The name of the limited liability company as currently filed with the Florida Department of State: ***ML #3, L.L.C.***
- SECOND: The document number of the limited liability company is: ***L04000069461.***
- THIRD: The file date of the Articles of Organization: ***September 23, 2004.***
- FOURTH: The date the dissolution was approved: ***January 1, 2013.***
- FIFTH: A description of the occurrence that resulted in the limited liability company's dissolution pursuant to Section 608.441, Florida Statutes:
- We closed operations in Florida.***
- SIXTH: All debts, obligations and liabilities of the limited liability company have been paid or discharged.
- SEVENTH: All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.
- EIGHTH: There are no suits pending against the limited liability company in any court.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section 817.155, Florida Statutes.


Robert Sura, Jr.

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SECRETARY OF STATE
CALLAHAN@FS1110187
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