

L05000009658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

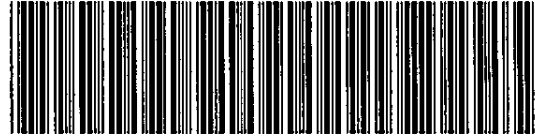
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800257625298

03/10/14--01033--007 \*\*25.00

FILED  
2014 MAR 10 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan MAR 11 2014

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MD Investment Partners, 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:

George H. Knott, Esq.  
(Name of Person)

Knott Ebelini Hart  
(Firm/Company)

1625 Hendry Street, Suite 301  
(Address)

Fort Myers, FL 33901  
(City/State and Zip Code)

For further information concerning this matter, please call:

George H. Knott at (239) 334-2722  
(Name of Person) (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

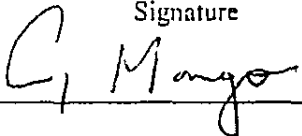
ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED  
2014 MAR 10 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
MD Investment Partners, LLC
2. The Articles of Organization were filed on January 31, 2005 and assigned  
document number L05000009658
3. The delayed effective date the dissolution if not effective on the date of 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).  
The consent of all of the members of the limited liability company to dissolve the same.  
\_\_\_\_\_  
\_\_\_\_\_

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

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	Printed Name
<u></u>	<u>Cory Mango</u>

FILING FEE: \$25.00

