LO 5600034568

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/:	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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02/15/10--01016--002 **43.75

10 APR 15 AM ED TO

SECRETARY OF STATE OIVISION OF CORPORATION

T. HAMPTON

APR 1 6 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CENTRAL MIPH		
(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:		
Paul Pardi		
(Name of Person)		
Central MHP, LCC		
(Firm/Company)		
6748 COOR CURLA		
(Address)		
Bonton Beach, PL 33437		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Faul 19151 at 54 305-355		
(Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILING ADDRESS: STREET/COURIER ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



RECEIVED

10 APR 15 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 16, 2010

PAUL PARISI 6748 COBIA CIR BOYNTON BEACH, FL 33437

SUBJECT: CENTRAL MHP, LLC Ref. Number: L05000034568

We have received your document for CENTRAL MHP, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6855.

Letter Number: 910A00003838

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 APR 15 AH BITA

	TO VILLA OF HIS BALLA
1. The name of a limited liability company is	4P LCC
2. The Articles of Organization were filed on	34/08/205 and assigned document number
3. The date the dissolution was approved:	3/4/10
4. A description of occurrence that resulted in the lir 608.441, Florida Statutes, (copy 608.441 on back	
-OR- Adequate provision has been made for th 6. All remaining property and assets have been distrights and interests. 7. CHECK ONE: There are no suits pending against the correction.	e limited liability company have been paid or discharged. e debts, obligations and liabilities pursuant to s. 608.4421. ibuted among its members in accordance with their respective mpany in any court. e satisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage	of membership interests necessary to approve the dissolution: Printed Name ALISI