

1050005/625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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10 MAY 20 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 21 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MDS Mediterranean Enterprise 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:

CHOPHAKA HAKAI
(Name of Person)
MDS Mediterranean Enterprise LLC.
(Firm/Company)
2344 NE 12 Street Apt. 8
(Address)
Pompano Beach, FL 33062
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

CHOPHAKA HAKAI at (954) 639 3952
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ 30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
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**

1. The name of a limited liability company is

MDS Mediterranean Enterprise LLC.

2. The Articles of Organization were filed on 05/24/2005 and assigned document number

L 05000051625

3. The date the dissolution was approved: May 10, 2010

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

The income that we were making didn't cover
all the expenses, we can't afford to keep it
open or doing business any longer.

5. CHECK ONE:

☐ All debts, obligations and liabilities of the limited liability company have been paid or discharged.

☒ -OR-

Adequate provision has been made for the debts, obligations and liabilities pursuant to 608.441.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

☐ There are no suits pending against the company in any court.

☒ -OR-

Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

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MAY 20 PM 2:51
CLERK OF STATE
TALLAHASSEE, FLORIDA

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

Chophaka Hakai
[Signature]

CHOPHAKA HAKAI
MURAT ATILA

