# L05000090542

| (Requestor's Name)                      |                 |             |  |  |  |
|---|-----------------|-------------|--|--|--|
| (Address)                               |                 |             |  |  |  |
| (Address)                               |                 |             |  |  |  |
| (City(Chata)(Zia/Dhana 40               |                 |             |  |  |  |
| (City/State/Zip/Phone #)                |                 |             |  |  |  |
| PICK-UP                                 | ☐ WAIT          | MAIL        |  |  |  |
| (Business Entity Name)                  |                 |             |  |  |  |
| (Dr                                     | ocument Number) |             |  |  |  |
| (Document Number)                       |                 |             |  |  |  |
| Certified Copies                        | _ Certificates  | s of Status |  |  |  |
| Special Instructions to Filing Officer: |                 |             |  |  |  |
|   |                 |             |  |  |  |
|   |                 |             |  |  |  |
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Office Use Only



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SECRETARY OF STATE
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#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

### MDS PROPERTIES OF BONITA SPRINGS 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:

| MICHAEL W. BROWN (Name of Person) |  |  |  |  |
|-----------------------------------|--|--|--|--|
|                                   |  |  |  |  |
| (Firm/Company)                    |  |  |  |  |
| 31000 TELEGRAPH RD, STE 240       |  |  |  |  |
| (Address)                         |  |  |  |  |
| BINGHAM FARMS, MI 48025           |  |  |  |  |
| (City/State and Zip Code)         |  |  |  |  |
|                                   |  |  |  |  |
|                                   |  |  |  |  |

For further information concerning this matter, please call:

(Name of Person) at (248) 645-0626 (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)

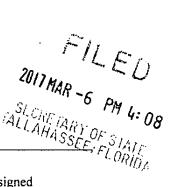
#### **MAILING ADDRESS:**

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



| 1.        | The name of a limited liabil MDS PROPERTIES OF BON           | • • •   |                                       | PALLAHASSEE FLO                 |  |  |  |
|-----------|--|---|---------------------------------------|---------------------------------|--|--|--|
| 2.        | The Articles of Organizatio                                  | n were filed on SEPT 14,  | 2005                                  | and assigned                    |  |  |  |
|           | document number L0500009                                     | 90542   | _                                     |                                 |  |  |  |
| 3.        | (effective Note: If the date inserted in t                   | he delayed effective date the dissolution if not effective on the date of filing:  (effective date cannot be prior to or more than 90 days later than date document is received for filing)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not b isted as the document's effective date on the Department of State's records. |                                       |                                 |  |  |  |
| 4.        | A description of occurrence 605.0707, Florida Statutes, (    | that resulted in the limit<br>copy 605.0707 on back of  | ed liability company's cover letter). | dissolution pursuant to section |  |  |  |
|           | COMPANY WAS CLOSED ON DECEMBER 31, 2016                      |   |                                       |                                 |  |  |  |
| 5.        | If there are no members, ent                                 | er the name and address MICHAEL W BROWN   | of the person appointed               | I to wind up the company's      |  |  |  |
|           | activities and arrairs.                                      | 31000 TELEGRAPH RE  | ), STE 240                            |                                 |  |  |  |
|           |  | BINGHAM FARMS, MI 48025   |                                       |                                 |  |  |  |
| 6.<br>lis | Signature of an authorized p<br>ted above to wind up the con | person or if there are no r   | nembers, the signature                | of the person appointed and     |  |  |  |
| 2         | Michael Francisco  | mm  | BROWN MICHAEL W BRWON                 |                                 |  |  |  |
|           | Signature  |   | LIIII                                 | A PARIS                         |  |  |  |

FILING FEE: \$25.00