

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(any) and any			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(See Linky Harrie)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			



700204042277

04/25/11 --01054--024 \*\*25.00

SECRETARY OF STATE OIVISION OF CORPORATIONS

Office Use Only



## **COVER LETTER**

	ration Section on of Corporations		
SUBJECT: N	IBS GROUP, LLC		
	(Name of Limited Liability Company)		
The enclosed A	rticles of Dissolution and fee(s) are submitted for filing.		
Please return all	correspondence concerning this matter to the following:		
	Jan L Rhodes		
	(Name of Person)		
	MBS GROUP, LLC		
	(Firm/Company)		
	3810 Bougainvillea Dr.		
	(Address)		
	Indian Lake Estates, FL 33855-7219		
	(City/State and Zip Code)		
For further infor	mation concerning this matter, please call:		
Jan	Rhodes at ( 863 ) 692-1542		
<del></del>	(Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a chec	k for the following amount:		
\$25.00 Filing F	ce 30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certified Copy (additional copy is enclosed)		

**MAILING ADDRESS:** 

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

## STREET/COURIER ADDRESS:

(additional copy is enclosed)

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



## ARTICLES OF DISSOLUTION SECRETARY OF STATE A LIMITED LIABILITY COMPANY TI APR 25 MILL LT

1. The name of a limited liability company is	
MBS GROUP, LLC	
2. The Articles of Organization were filed on 05/09/2 L06000047565	2006 and assigned document number
3. The date the dissolution was approved: 04/22/20	11
4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back covered to the control of the co	I liability company's dissolution pursuant to section er letter).
No services are maintained any long	er under this business name.
5. CHECK ONE:	
All debts, obligations and liabilities of the lim	ited liability company have been paid or discharged.
OR- Adequate provision has been made for the del	ots, obligations and liabilities pursuant to s. 608.4421.
6. All remaining property and assets have been distribute	
rights and interests.	
7. CHECK ONE:	
There are no suits pending against the compar-OR-	•
Adequate provision has been made for the sat entered against it in any pending suit.	isfaction of any judgment, order or decree which may be
natures of the members having the same percentage of m	embership interests necessary to approve the dissolution
Signature	Printed Name
Jan & Phates	Jan L Rhodes
homas C Rhodes	Thomas C Rhodes