106000050877

(Requestor's Name)	
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SECRETARY OF STATE
SECRETARY OF STATE

60871

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: M.D.I., 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:	
Cynthia Guffey	
(Name of Person)	•
M.D.I., LLC	
(Firm/Company)	- 1
7339 Start Center Street	FILE .) 2006 NOV 21 AM 9: 50 SECRETARY OF STATE TALLAHASSEE, FLORID.
(Address)	HAS TA
Arcadia, FL 34269	HILL) NOV 21 AM 9: 50 CRETARY OF STATE LAHASSEE, FLORID
(City/State and Zip Code)	FS
For further information concerning this matter, please call:	9: 50 PATE DRIDA
Cynthia Guffey at (941) 480-0400	
(Name of Person) (Area Code & Daytime Telephone N	umber)
Enclosed is a check for the following amount:	
	Filing Fee, of Status & Copy

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 FOR A LIMITED LIABILITY COMPANY

2. The Articles of Organization were filed on May L0600050877	9, 2006 and assigned document number
3. The date the dissolution was approved: 10/31/0	<u>06 </u>
4. A description of occurrence that resulted in the lim 608.441, Florida Statutes, (copy 608.441 on back c Company was not making enough	
	₩ 2
OR- Adequate provision has been made for the 6. All remaining property and assets have been distributed rights and interests. 7. CHECK ONE: There are no suits pending against the components.	9: 50 ORIDA
natures of the members having the same percentage o	of membership interests necessary to approve the dissolution:
Signature	of membership interests necessary to approve the dissolution: Printed Name
	of membership interests necessary to approve the dissolution: Printed Name Martin A. Guffey

FILING FEE: \$25.00