

LO6 000 114479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

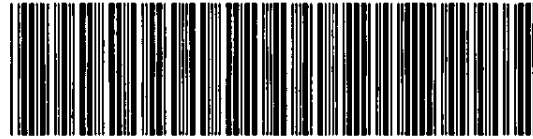
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
CORPORATION DIVISION

2014 FEB 12 PM 12:29

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M.A.D. INVESTMENTS, 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:

William C. Cray
(Name of Person)

Anderson-Moore Construction Corp.
(Firm/Company)

1568 Watertower Road
(Address)

Lake Park, FL 33403
(City/State and Zip Code)

For further information concerning this matter, please call:

Bill Cray at (561 204-4305)
(Name of Person) (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

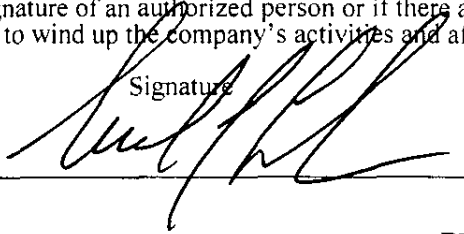
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SECRETARY OF STATE
TALLAHASSEE, FL 32301

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is M.A.D. INVESTMENTS, LLC
2. The Articles of Organization were filed on 11-29-2006 and assigned document number L06000114479
3. The delayed effective date the dissolution if not effective on the date of filing: _____
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
Pursuant to the consent of all members.

5. If there are no members, enter the name and address of the person appointed to wind up the company activities and affairs: _____

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Signature 

Printed Name
Michael J. Anderson

FILING FEE: \$25.00

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STATE OF FLORIDA
TALLAHASSEE