107000032504

| (Red | uestor's Name) | · · · · · · · · · · · · · · · · · · · |
|---------------------------|------------------|---------------------------------------|
| (Add | Iress) | |
| (Add | Iress) | |
| (City | /State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nar | ne) |
| (Doc | cument Number) | |
| Certified Copies | · | |
| Special Instructions to F | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



300290954003

10/07/16--01014--015 **25.00

DIVISION OF CORPORATIONS
O SIMMONS
OCT 10 2016

COVER LETTER

TO:

Registration Section
Division of Corporations

Mala Lodina, 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:

| Holly Blubaugh |
|-------------------------------|
| (Name of Person) |
| STC, Inc. |
| (Firm/Company) |
| 223 N. Prospect St., Ste. 202 |
| (Address) |
| Hagerstown, MD 21740 |
| (City/State and Zip Code) |

For further information concerning this matter, please call:

Holly Blubaugh

_{at} 301

665-2830

(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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 2. The Articles of Organizat | tion were filed on March 26, 2007 and assigned |
|---|---|
| document number L07000 | 0032504 |
| (effect Note: If the date inserted i | e the dissolution if not effective on the date of filing: ive date cannot be prior to or more than 90 days later than date document is received for filing in this block does not meet the applicable statutory filing requirements, this date wifective date on the Department of State's records. |
| 4. A description of occurren 605.0707, Florida Statutes | nce that resulted in the limited liability company's dissolution pursuant to s s, (copy 605.0707 on back cover letter). |
| Decision by Management | |
| | |
| 5. If there are no members, activities and affairs: | enter the name and address of the person appointed to wind up the compan Steven Fabian |
| | • |
| | Steven Fabian |
| activities and affairs: 6. Signature of an authorize | Steven Fabian 5105 Sylvan Oaks Dr. |

FILING FEE: \$25.00