

LOT00074499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

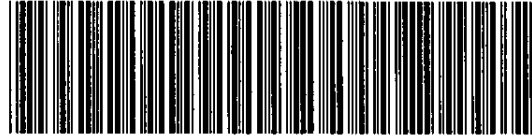
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE FLORIDA

MAR 18 2015
D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 26, 2015

WILLIAM C STETTINIUS
PO BOX 156
MARYLAND LINE, MD 21105

SUBJECT: MOS TAMPA, LLC.
Ref. Number: L07000074499

We have received your document for MOS TAMPA, LLC. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 715A00004052



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 26, 2015

WILLIAM C STETTINIUS
PO BOX 156
MARYLAND LINE, MD 21105

SUBJECT: MOS TAMPA, LLC.
Ref. Number: L07000074499

RECORDED
15 MAR 17 11:10:00
BUREAU OF CORPORATE
INFORMATION SERVICES

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Letter Number: 715A00004052

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

MOS Tampa, LLC

2. The Articles of Organization were filed on July 19, 2007 and assigned

document number L07000074499


3. The 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)

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).

The property was sold.

5. If there are no members, enter the name and address of the person appointed to wind up the company's 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

William C. Stehinius
Printed Name

FILING FEE: \$25.00

FILED
2015 MAR -6 PM 3:34
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA