

LD8DDDD03D675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

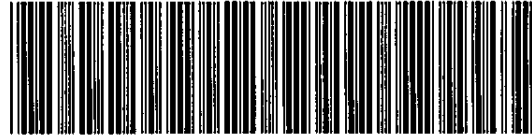
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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300271037193

04/10/15--01007--021 \*\*25.00

FILED STATE  
SECRETARY OF CORPORATION  
2015 APR 10 PM 12:24

And Diss  
@ 4.23.15

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MMS Acquisitions, 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:

Dale E. Veitch

(Name of Person)

Lexington Family Office, LLC

(Firm/Company)

1651 N. Clyde Morris Blvd, Suite 1

(Address)

Daytona Beach, FL 32117

(City/State and Zip Code)

For further information concerning this matter, please call:

Dale E. Veitch

(Name of Person)

386

566-7249

at (

(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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2015 APR 10 PM 12:24

1. The name of a limited liability company is  
MMS Acquisitions, LLC
2. The Articles of Organization were filed on 3-25-2008 and assigned  
document number L08000030675
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).  
All members consented to dissolution by written consent vote  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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

DCDS Management LLC, its Manager  
\_\_\_\_\_  
Printed Name

FILING FEE: \$25.00