

LO8000094387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200265698872

11/26/14--01001--023 **11.25

10/23/14--01019--022 **43.75

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2014 NOV 24 P 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

NOV 25 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MDW South 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:

Denise Thomas
(Name of Person)

MDW Insurance Group LLC
(Firm/Company)

362 Minorca Ave
(Address)

Coral Gables, FL 33134
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Denise Thomas at (305) 569-6738
(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**

1. The name of a limited liability company is

MDW South LLC

2. The Articles of Organization were filed on 10/06/2008 and assigned

document number L08000094387

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).

Lack of business, inability to generate revenue

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Jeff B Weiner

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

Jeff B Weiner

Printed Name

FILING FEE: \$25.00

2008 NOV 24 P 4: 35
SECRETARY OF STATE
FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 29, 2014

ROY GLASSER
MDW INSURANCE GROUP LLC
362 MINORCA AVENUE
CORAL GABLES, FL 33134

SUBJECT: MDW SOUTH, LLC
Ref. Number: L08000094387

2014 NOV 24 P 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

We have received your document for MDW SOUTH, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 914A00023203

11/17

*Please note corrected forms and additional
monies to equal \$55.00.*

Thank you,

Denise Thomas

305-569-6738

#11.25