

L09000033330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

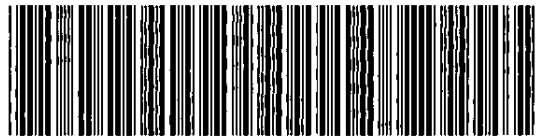
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FILED
10 MAR - 1 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W
J. BRYAN

MAR - 2 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MTOXYALARM COMPANY, LLC
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Marion E. Ellis
(Contact Person)

(Firm/Company)

1160 Peperidge Drive
(Address)

Pensacola, Florida 32504
(City, State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Marion E. Ellis at (850) 476-1858
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee
and Certificate of
Status | <input type="checkbox"/> \$105.00 Filing Fee
and Certified Copy | <input type="checkbox"/> \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status |
|--|---|--|---|

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2010

MARION E. ELLIS
1160 PEPPERIDGE DRIVE
PENSACOLA, FL 32504

SUBJECT: MTOXYALARM COMPANY, LLC
Ref. Number: L09000033330

FILED
10 MAR - 1 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MTOXYALARM COMPANY, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 910A00003604

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MTOXYALARM COMPANY, 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:

Marion E. Ellis

(Name of Person)

(Firm/Company)

1160 Peperidge Drive

(Address)

Pensacola, Florida 32504

(City/State and Zip Code)

For further information concerning this matter, please call:

Marion E. Ellis

(Name of Person)

at (850) 476-1858

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ 30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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

FILED
10 MAR - 1 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED
10 MAR -1 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
MTOXYALARM COMPANY, LLC

2. The Articles of Organization were filed on APRIL 06, 2009 and assigned document number
L09000033330

3. The date the dissolution was approved: DECEMBER 31, 2009

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

A market for the company's intellectual property product was not found.

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

Jason Lee
Marion E. Ellis

Jason A. Lee

Marion E. Ellis

FILING FEE: \$25.00