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## **COVER LETTER**

Divisi	on of Corporations				
SUBJECT:	MDD Properties, LLC				
50B0EC1	(Name of Limited Liability Company)				
The enclosed A	rticles of Dissolution and fee(s) are submitted	for filing.			
Please return al	l correspondence concerning this maiter to the	e following:			
	David Ivin				
	(Name of Person)				
	(Firm/Company)				
	526 North Spoonbill Dr				
	(Address)				
	Sarasota Fl 34236				
	(City/State and Zip Code)				
For further info	rmation concerning this matter, please call:				
David Ivin		941 350-3196			
	(Name of Person)	at ()(Area Code & Daytime Telephone Number	)		
Enclosed is a che	ck for the following amount:				
<b>✓</b> \$25.00	Filing Fee and Certificate of Dissolution	★ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)			

## MAILING ADDRESS:

TO:

Registration Section

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  MDD Properties, LLC				
2.	The Articles of Organization were filed on $\frac{8}{5}$ and assigned				
	document number	27000075	<u>5</u> 48		
3.	The delayed effective date (effective	date the dissolution if not effective on the date of filing: 12/31/2014 ffective date cannot be prior to or more than 90 days later than date document is received for filing)			
4.	A description of occurrence 605.0707, Florida Statutes,	description of occurrence that resulted in the limited liability company's dissolution pursuant to sec 5.0707, Florida Statutes, (copy 605.0707 on back cover letter).			
	1) An Even	- OR CARLU	MEIANCE THAT THE OPERATION		
	A URÉEMEN	CAUSES DISSOLUTION -			
	SPECIFICA	ALLY TITE SA	LE DE ALL ASSETS.		
			TA'.		
5.	If there are no members, en	iter the name and addre	ess of the person appointed to wind up the company		
	activities and affairs:	David Ivin	EC .		
		526 North Spoonl	bill Dr		
Sa		Sarasota FL. 342	236		
			ν ο		
6. lis	Signature of an authorized ted above to wind up the con	person or if there are no mpany's activities and a	o members, the signature of the person appointed and affairs:		
	J/ Zu		David Ivin		
	Signature		Printed Name		

FILING FEE: \$25.00