

LO9000086464

(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



700198092877

05/06/11--01001--011 \*\*30.00

FILED  
11 MAY -4 PM 4:10  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 05 2011

EXAMINER

NO \$



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 25, 2011

JOSE L MARQUEZ  
6123 NW 1ST STREET  
MARGATE, FL 33063

SUBJECT: MC HOME IMPROVEMENT OF SOUTH FL, LLC  
Ref. Number: L09000086464

FILED  
11 MAY -4 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for MC HOME IMPROVEMENT OF SOUTH FL, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$30.00.

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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 211A00009913

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MC HOME IMPROVEMENT OF SOUTH FL, 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:

JOSE L MARQUEZ

(Name of Person)

MC HOME IMPROVEMENT OF SOUTH FL, LLC

(Firm/Company)

6123 NW 1ST STREET

(Address)

MARGATE FL 33063

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE L MARQUEZ

(Name of Person)

at ( 954 ) 655-9687

(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  
11 MAY -4 PM 4:10  
TALLAHASSEE, FLORIDA  
DIVISION OF STATE

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

1. The name of a limited liability company is

**MC HOME IMPROVEMENT OF SOUTH FL, LLC**

2. The Articles of Organization were filed on **FLORIDA** and assigned document number **L09000086464**

3. The date the dissolution was approved: **03/25/2011**

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).

**THIS DISSOLUTION IS VOLUNTARY**

**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

**JOSE L MARQUEZ**

**TRISY M MARQUEZ**