# L09000095279

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	#)
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PICK-UP	☐ WAIT	MAIL
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		,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
WHASSEE, FLORIDA

# COVER LETTER

Division of Co					
SUBJECT:	11:	Sociates Gro	nited I	Liability Company)	· · · · · · · · · · · · · · · · · · ·
		dment and fee(s) are sub		-	
		Michael Postoc	ski	f Person)	
	MP	ASSOCIATES (	Firm/Co	ompany)	
	34	23 Siw. 53rd	<u></u>	ress)	
				nd Zip Code)	<del></del>
		ning this matter, please c			
Michae	(Nar	ne of Person)		at ( 754 ) 2 46 - (Area Code & Daytime	6221 Telephone Number)
Enclosed is a check for the	follow	ing 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)
MAI	LING	: ADDDFSS:		STREET/COLU	DIED ANNDESS:

Registration Section

TO:

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

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 19, 2010

MICHAEL POSTOLSKI 10231 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065

SUBJECT: MP ASSOCIATES GROUP, LLC Ft Laudua Fl Ref. Number: L09000095279

Ref. Number: L09000095279

33312

We have received your document for MP ASSOCIATES GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the effective date of the limited liability company's dissolution.

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

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) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 310A00009569

# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

•	A LIMITED LIABILITY COMPANY				FILED		
`				10 MAY	LU		
1. The name of a limited liability company is				10 MAY 10 PM 3: 18			
MPASSOCIATES Group LIC		SECKE LARY OF STATE FALLAHASSEE, FEORIDA					
		/. / .					
2. The Articles of Organ		n /º /2 / 05		_ and assigned	d docum	ent number	
3. The date the dissoluti	on was approved:	March 15, 2	010	<u>_</u> .			
4. A description of occu 608.441, Florida Stat	rrence that resulted utes, (copy 608.441	in the limited liability on back cover letter).	company's di	ssolution pursu	ant to se	ection	
Cant afford	Company.	Company h	TON ZAL	Making	an	money	
	<del>- , - ,</del>	• 7					
<u></u>					и		
to the second se			· · · ·				
5. CHECK ONE:		• •					
All debts, ob	ligations and liabilit	ies of the limited liab	ility company l	have been paid	l or disch	narged.	
-OR-		de for the debts, oblig	• • •	•		_	
6. All remaining proper		•	•	•			
rights and interests.  7. CHECK ONE:		•					
-OR-		st the company in any	•	•			
Adequate pro	ovision has been mad ast it in any pending	de for the satisfaction suit.	of any judgme	ent, order or de	cree whi	ich may be	
ignatures of the members	having the same per	centage of membersh	ip interests nec	essary to appr	ove the	dissolution:	
Signature				Printed Nam	ie		
muchael Porte	a a ·		11 1	1 Posto	1.,		
Michael Kny	6hi		Michae	1 70570	/ <i>s/</i> c/		
	·						

**FILING FEE: \$25.00**