(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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03/17/14--01031--003 **25.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MEM INCOME PROPERTIES 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:
e remainded to the control of the co
Y 1/2 12 22 12
Name of Person)
(Admits of Volume)
(Firm/Company)
(Firm/Company) 25445 STATE DAAN 446
25445 STATE ROAD 46 (Address) Some real to FL 32716 Some real to FL 32716
50445/70 F 3377/
<u> </u>
(City/state and Zip Code)
\$ **
ror luriner information concerning this matter, please can:
11 353 735-A717 Ext. 25
(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)
Enclosed is a check for the following amount: \$25.00 Filing Fee and Certificate of Dissolution \$55.00 Filing Fee, Certificate of Dissolution &

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 ###################################
2.	The Articles of Organization were filed on $\frac{6/25/2000}{}$ and assigned
	document number
3.	The delayed effective date the dissolution if not effective on the date of 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).
	COMPANY NO LONGER WOLLS PROPERTIES.
5.	If there are no members, enter the name and address of the person appointed to wind up the company
	activities and affairs: Suny VANISCE WALL 352-735-0717 Ext. 35
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
-2	Signature CKAIS L. NEGSTROM Printed Name

FILING FEE: \$25.00