

L10000086155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

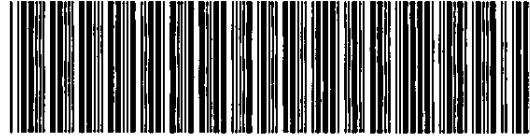
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/06/14--01003--022 **25.00

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2014 FEB -6 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB - 7 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOM Professional Services Group, 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:

MARK D. MANUEL
(Name of Person)

MOM Professional Services Group, LLC
(Firm/Company)

3017 Eleanor Lane
(Address)

Covington, LA 70433
(City/State and Zip Code)

For further information concerning this matter, please call:

MARK D. MANUEL at (504) 982-1955
(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)

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

MOM Professional Services Group, LLC

2. The Articles of Organization were filed on 8/16/2010 and assigned
document number L10000086155

3. The delayed effective date the dissolution if not effective on the date of filing: _____

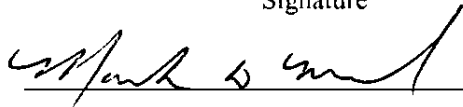
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

All members have agreed to the dissolution

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: _____

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Signature



Printed Name

MARK D. MANGEL

FILING FEE: \$25.00

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