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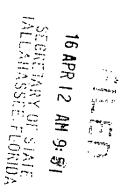
(Re	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Name)	
(Document Number)			
Certified Copies	_ Certificates o	of Status	
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APR 13 2016 J SHIVERS

COVER LETTER

TO:

Registration Section **Division of Corporations**

MKM 4, 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:

KATHLEEN RAFAEL

(Name of Person)

BRIDGES PROFESSIONAL SERVICES

(Firm/Company)

7 WEST 41ST AVE #512

SAN MATEO, CA 94403

(City/State and Zip Code)

For further information concerning this matter, please call:

KATHY RAFAEL

at 650 378-2402

(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.	MKM 4, LLC	•	
2.	The Articles of Organization were filed on NO	OV 10, 2010 and assigned	
	document number L10000116912		
3.	3. The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not listed as the document's effective date on the Department of State's records.		
	A description of occurrence that resulted in the 605.0707, Florida Statutes, (copy 605.0707 on	e limited liability company's dissolution pursuant to section back cover letter).	
	BUSINESS CEASED OPERATIONS		
5.	If there are no members, enter the name and ad	Idress of the person appointed to wind up the company's	
	activities and affairs:	R R	
		SSEE JA	
	-		
6. lis	Signature of an authorized person or if there ar ted above to wind up the company's activities a	re no members, the signature of the person appointed and and affairs:	
	11	 -	
	Hear	AMIN MASKATIYA, MEMBER	
	Signature	Printed Name	

FILING FEE: \$25.00