# L12 0000 12701

(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
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### . COVER LETTER

TO:

Registration Section Division of Corporations

## IBJECT: MBSA Reinsurance Holdings, 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:

Thayer C. Smith
(Name of Person)
c/o 1513 Group, LLC
(Firm/Company)
1700 S. MacDill Avenue, Ste. 340
(Address)
Tampa, FL. 33629
(City/State and Zin Code)

For further information concerning this matter, please call:

Kathy Castro

(Name of Person)

at (813) 258-1748

(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
	MBSA Reinsurance Holdings, LLC
2.	The Articles of Organization were filed on January 26, 2012 and assigned document number L12000012708
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 be listed as the document's effective date on the Department of State's records.
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).
	End of Operations
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs:
	ASSES FLORIDA
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:
7	STATE THATOR SMITH, MONAGING
	Signature Printed Name WENDER

**FILING FEE: \$25.00**