#1200027936

(Rec	questor's Name)	<u> </u>
(Add	dress)	
(Ada	dress)	
(City	//State/Zip/Phon	e #)
		MAIL
(Bus	siness Entity Nar	m e)
(Dod	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
I	Office Use Or	ıly



05/05/14--01008--005 **25.00

2014 MAY -5 PH 5: 05 SECRETARY OF STALE, TALLAHASSEE, FLORID FILED

- - - - -

K. SALY EXAMINER

MAY 1 2 2014

COVER LETTER

TO: Registration Section Division of Corporations

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SUBJECT:	Matthew Ross Group, LLC
	(Name of Limited Liability Company)
The enclosed Article	s of Dissolution and fee(s) are submitted for filing.
Please return all corr	espondence concerning this matter to the following:
	Garth Comera
	(Name of Person)
	(Firm/Company)
	639 Longman Low Circle
	639 Long meadow Circle (Address)
	(City/State and Zip Code)
<u></u>	(City/State and Zip Code)
For further information	on concerning this matter, please call:

(Name of Person) at (56) 714-2791 (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

ANTICLES OF DISSOLUTION EOD
FOR A LIMITED LIABILITY COMPANY
1. The name of a limited liability company is No Halpen Derectory LLC 2014 May
2. The Articles of Organization were filed on $2\sqrt{2712012}$ and assigned $224HASSEE, FLORE$
document number <u>LIZ000027936</u>
3. The delayed effective date the dissolution if not effective on the date of filing: $512(14)$ (effective date cannot be prior to or more than 90 days later than date document is received for 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 in business.
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:
Gundalin Gundh Cause
Signature Printed Name

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FILING FEE: \$25.00