## L12000085000

(	Requestor's Name)
(	(Address)
(	(Address)
. (	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
}	

Office Use Only



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2014 APR 17 PH 3:32

APR 21 2014 D. BRUCE

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: MC5MLLC (Name of Limited Liab	pility Company)	
The enclosed Articles of Dissolution and fee(s) are submitted for	filing.	
Please return all correspondence concerning this matter to the foll	lowing:	
JOSEPH (Name of Pe	Mc CARTY	
MCSM L (Firm/Comp	L C	
2789   TEM	PLE TERRACE DR.	
BONITA SPRING (City/State and 2)	SE FL 34135 Zip Code)	
For further information concerning this matter, please call:	2014 APR	energe Î
TOSEPH MCCARTYa (Name of Person)	u(207) 751-18828 =	
Enclosed is a check for the following amount:	(Area Code & Daytime Telephone Number):	4.27
\$25.00 Filing Fee and Certificate of Dissolution	\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS:  Pagintentian Section	STREET/COURIER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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
	MCSM, LLC
2.	The Articles of Organization were filed on $6-28-2012$ and assigned
	document number <u>L1200085000</u>
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)
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).  MCSM, LLC WAS FORMEN TO ENGAGE
	IN BUSINESS ACTIVITIES THAT NEVER
	MATERIALIZED AND NO BUSINESS
	WAS EVER CONDUCTED,
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. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:
	Joseph Corty Joseph McCARTY Printed Name
	FILING FEE: \$25.00  □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □