

#L 12000096659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

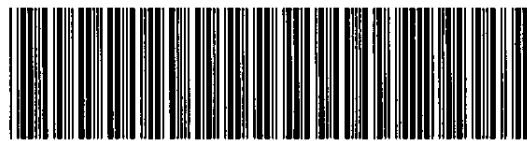
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900254777969

12/30/13--01045--016 \*\*30.00

FILED

2014 JAN -2 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
JAN 15 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Dissolution of MROXYGEN, LLC

**DOCUMENT NUMBER:** 112000096659

The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ed McCABE

(Name of Contact Person)

MROXYGEN, LLC

(Firm/Company)

VIA: 3801 SW 33rd Street

(Address)

West Park, FL 33023

(City/State and Zip Code)

For further information concerning this matter, please call:

Ed McCABE

(Name of Contact Person)

at ( 954 )

(Area Code)

985-2054

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

(Additional copy is enclosed)

~~\$84~~ ☒ \$60 Filing Fee,  
Certificate of Status &

Certified Copy

(Additional copy is enclosed)

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

2014 JAN -2 PM 3:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

MROXYGEN, LLC

2. The Articles of Organization were filed on 7/26/2012 and assigned  
document number L12000096659

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).

NEVER OPENED FOR 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:

ED MCCABE

VIA: 3801 SW 33rd ST

WEST PARK, FL 33023

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

by Ed McCabe, Agent

Printed Name

by Ed McCabe, Agent

FILING FEE: \$25.00