

L12000010009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

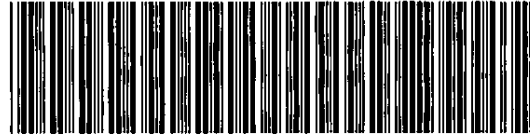
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000260531990

05/27/14--01025--012 **25.00

14 MAY 27 PM 3:58
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mader Law, 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:

Eric Mader
(Name of Person)

—
(Firm/Company)

P.O. Box 18628
(Address)

Tampa FL 33679
(City/State and Zip Code)

For further information concerning this matter, please call:

Eric Mader at (813) 927-7540
(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. The name of a limited liability company is

Mader Law, LLC

2. The Articles of Organization were filed on 8/27/15 and assigned

document number L12000110009

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).

Not profitable to run any more

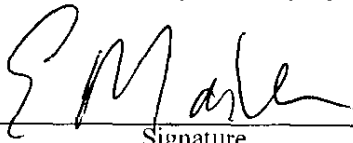
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Eric Mader

P.O. Box 18628

Tampa FL 33679

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

Eric Mader

Printed Name

FILING FEE: \$25.00

FILED
CLERK OF DISTRICT COURT
HALL COUNTY
FLORIDA
JUL 27 PM 3:50