

# L12000118413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

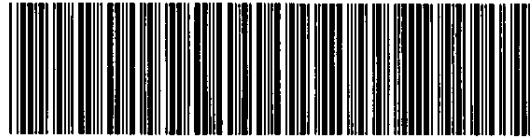
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800270659138

03/18/15--01005--004 \*\*25.00

FILED

2015 MAR 18 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

APR 10 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Notice of Dissolution for M Medel Services, LLC

**DOCUMENT NUMBER:** L12000118413

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

Please return all correspondence concerning this matter to the following:

Ricardo Calzada, II, Esq.

(Name of Contact Person)

My Law Solution, PA

(Firm/Company)

56 East Pine Street, 2nd floor

(Address)

Orlando, FL 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

Ricardo Calzada, II at (407) 843-2222

(Name of Contact Person)

(Area Code)

(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)

☐ \$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**  
2015 MAR 18 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
M MEDEL SERVICES, LLC

2. The Articles of Organization were filed on 09/17/2012 and assigned  
document number L12000118413

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).

All members of the company consented to the dissolution of the company pursuant to

Section 605.0701(2), Florida Statutes, as the company could not generate sufficient

revenue to sustain its 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: \_\_\_\_\_

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

  
Printed Name

**FILING FEE: \$25.00**

## Notice of Limited Liability Company Dissolution

FILED  
2015 MAR 18 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "*Notice of Limited Liability Company Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: M MEDEL SERVICES, LLC

Document number of Limited Liability Company is: L12000118413

Date of dissolution was: \_\_\_\_\_

Description of information that must be included in a written claim:

Valid claims must include name of claimant, reasonable  
description of claim, date of claim, amount of claim as of  
Dec, 31, 2014, and a mailing address and telephone number.

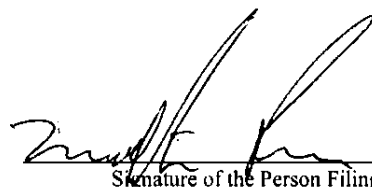
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

M Medel Services, LLC  
c/o My Law Solution, PA  
56 E. Pine Street, 2nd floor  
Orlando, FL 32801

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Modesto Rivera-Medel

Printed Name of the Person Filing

  
Signature of the Person Filing