

L12000122345

(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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FILED
2014 FEB 26 P 6 29
FBI - MEMPHIS

B. BOSTICK

FEB 27 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MCR Enterprises, 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:

Maria Ruiz

(Name of Person)

MCR Enterprises, LLC

(Firm/Company)

15655 SW 146 Avenue

(Address)

Miami Florida 33177

(City/State and Zip Code)

For further information concerning this matter, please call:

Maria Ruiz

(Name of Person)

at (305) 562-7189

(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**

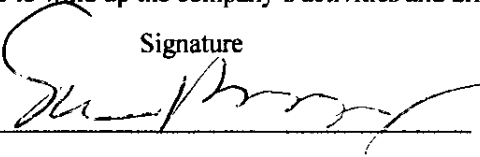
1. The name of a limited liability company is
MCR ENTERPRISES, LLC
2. The Articles of Organization were filed on 9/24/2012 and assigned
document number 112000122345
3. The delayed effective date the dissolution if not effective on the date of filing: _____
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
ILLNESS OF MGRM RESULTING IN LOSS OF REVENUE

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



MARIA RUIZ

FILING FEE: \$25.00

FILED
2014 FEB 26 PM 3:29
CLERK OF COURT
JACKSONVILLE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2014

MARIA RUIZ
MCR ENTERPRISES, LLC
15655 SW 146 AVENUE
MIAMI, FL 33177

SUBJECT: MCR ENTERPRISES, LLC
Ref. Number: L12000122345

We have received your document for MCR ENTERPRISES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 114A00002297

FILED
2014 FEB 26 P 6 29
TALLAHASSEE, FLORIDA