

L12000131796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

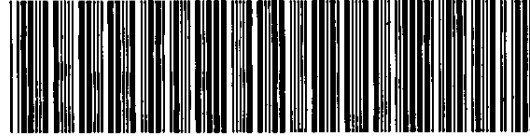
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/12/16--01033--028 **55.00

FILED
16 APR 12 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 13 2016
J SHIVERS

SAVINO
15 Maria Court
Wading River, NY 11792
631-821-6567

April 7, 2016

Please see the attached articles of dissolution for Thanx MS 7, LLC.

Sincerely,

A handwritten signature in black ink, appearing to be 'Dana Savino', written over the word 'Sincerely,'.

Dana Savino

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **THANX MS 7, 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:

DANA SAVINO

(Name of Person)

THANX MS 7, LLC

(Firm/Company)

15 MARIA COURT

(Address)

WADING RIVER, NY 11792

(City/State and Zip Code)

For further information concerning this matter, please call:

DANA SAVINO

(Name of Person)

at **631 821-6567**

(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

Thany MS 7, LLC

2. The Articles of Organization were filed on October 16, 2012 and assigned

document number L12000131790

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)

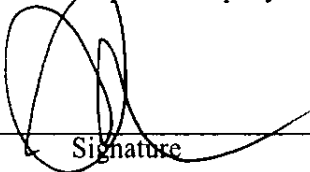
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Property Sold - Requesting dissolution
of LLC.

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

DANA SAVINO
Printed Name

FILING FEE: \$25.00

16 APR 12 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED