

113 0000 27406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

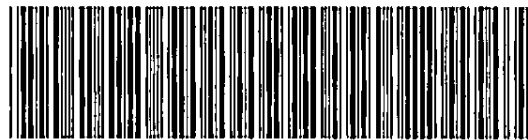
(Business Entity Name)

(Document Number)

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

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Office Use Only



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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SAFETY HARBOR MIHP, 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:

Kathy Wheeler

(Name of Person)

Safety Harbor, MIHP, LLC

(Firm/Company)

P.O. Box 1175

(Address)

Oldsmar, FL 34677

(City/State and Zip Code)

For further information concerning this matter, please call:

Kathy Wheeler

(Name of Person)

813

854-4486

at ( )

(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
SAFETY HARBOR MIHP, LLC

2. The Articles of Organization were filed on February 21, 2013 and assigned  
document number L13000027406

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).

All assets of the Company have been sold or disposed of.

All assets of the Company have been sold or disposed of.

All assets of the Company have been sold or disposed of.

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

Randy Mears

Printed Name

**FILING FEE: \$25.00**

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## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

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: SAFETY HARBOR MHP, LLC

Document number of Limited Liability Company is: LI3000027406

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

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

Name and Address of Claimant; event giving rise to claim

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

P.O. Box 1175

Oldsmar, FL 34677

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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.

Randy Mears

Printed Name of the Person Filing

Randy Mears M.H.

Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**