

L13 000123137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

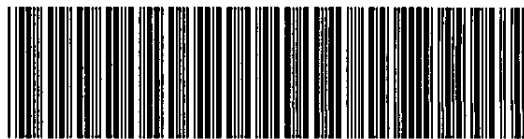
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J. Shivers MAR 11 2014

RECEIVED
TALLAHASSEE, FLORIDA
MAR 10 2014

J

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MFE COMPANY, 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:

ALEA HAMILTON

(Name of Person)

(Firm/Company)

13245 ATLANTIC BLVD, STE 4-322

(Address)

JACKSONVILLE, FL 32225

(City/State and Zip Code)

For further information concerning this matter, please call:

ALEA HAMILTON

(Name of Person)

at (904) 910-0462

(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

MFE COMPANY, LLC

2. The Articles of Organization were filed on 8/30/13 and assigned
document number L13000123137

3. The delayed effective date the dissolution if not effective on the date of filing: 3/1/14

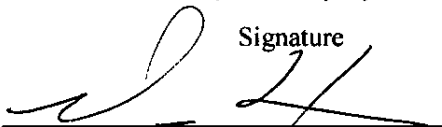
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

THE CONSENT OF ALL MEMBERS TO CLOSE THE BUSINESS.

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

ALBA HAMILTON
13245 ATLANTIC BLVD. STE 4-322
JACKSONVILLE, FL. 32225

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

ALBA HAMILTON

FILING FEE: \$25.00

FILED
ALLA... FLORIDA
14 SEP 10 10:10:45