## 113000134856

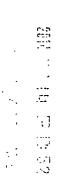
(Re	equestor's Name)							
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PICK-UP	☐ WAIT	MAIL						
(Business Entity Name)								
(Document Number)								
Certified Copies	Certificates of	Status						
Special Instructions to Filing Officer:								

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04/07/14--01022--019 \*\*25.00



B. BOSTICK APR **16** 2014

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations									
SUBJECT: MESA SENIOR HOUSING LLC									
DOCUMENT NUMBER:									
The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing.									
Please return all correspondence concerning this matter to the following:									
Dave Edward S (Name of Contact Person)									
Living Ventures Inc (Firm/Company)									
9681 Gladiolus Drive, suite 211 (Address)									
For + Myers FL 33908 (City/State and Zip Code)									
For further information concerning this matter, please call:									
Dave Edward 5 at (239) 437-0022 (Name of Contact Person) (Area Code) (Daytime Telephone Number)									
(Name of Contact Person) (Area Code) (Daytime Telephone Number)									
Enclosed is a check for the following amount:									
\$25 Filing Fee \$\sum \$\sum \text{\$\sum \text{\$\sin \sin \text{\$\sin \tex									
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

1.	The name of a limited liabilit	y company	is							
MESA SENIOR HOUSING										
2.	The Articles of Organization document number				, 2013	_ and assign	ed			
	document number	10013	1050	-						
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 t 605.0707, Florida Statutes, (c	opy 605.07	07 on back co	d liability over letter)	company's d	issolution pu	ırsuant	to section		
	Inactive	2 Comp	pany.	<u> </u>						
								<del></del>		
5.	If there are no members, ente	r the name	and address of	of the pers	on appointed	to wind up t		npany's		
	activities and affairs:			<u> </u>						
							:	<u> </u>		
							1	<del>-5</del>		
								ز		
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ه. lis	Signature of an authorized peter above to wind up the com	rson or if the	here are no m vities and aff	nembers, th airs:	e signature o	f the person	appoi	nted and		
		1	1							
/	The	1	( _		Dave_1	Edwa-	15			
	Signature				Printe	d Name	<u> </u>			

**FILING FEE: \$25.00**