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(Re	questor's Name)	
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Certified Copies	Certificates	s of Status
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: MBM (Name o	TERRA, LLC  f Limited Liability Company)	
The enclosed Articles of Dissolution and fee(s) are Please return all correspondence concerning this management		
MICHA	(Name of Person)  (Name of Person)	
MBMTERRA, LLC (Firm/Company)		
	MARNE CT (Address)	
	SSEE, FL 32308 (City/State and Zip Code)	
For further information concerning this matter, plea	ase call:	
Michael B. McLor (Name of Person)	at ( 305) 587-3000 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount: \$25.00 Filing Fee and Certificate of Dissolution	on S55.00 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  MBM TERRA, LLC
2.	The Articles of Organization were filed on $11/08/2013$ and assigned
	document number <u>L 13000 / 580</u> 03
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).  MBM TERMA, LLC 15 Seins Jissolves
	due to final sale of ALL ASSETS of The 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:  MICHAEL TS. MCLOAD
	2020 MARNE CT
	TALLAHASSEE, FL 32308
6. ab	Signature of an authorized person or if there are no members, the signature of the person appoints and listed ove to wind up the company's activities and affairs:  Meholb. M. Jeal  Signature  MICHAEL B. McLOOD  Printed Name
	FILING FEE: \$25.00