

L13000170232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

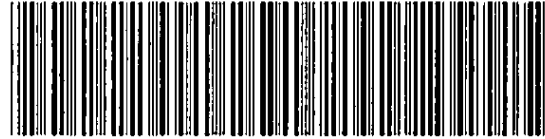
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 APR 27 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2022 APR 27 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FL

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 640294 7888723

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : April 26, 2022

ORDER TIME : 8:40 AM

ORDER NO. : 640294-025

CUSTOMER NO: 7888723

DOMESTIC FILINGS

NAME: MHPI IV, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER'S INITIALS: _____

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2022 APR 27 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is
MHPI IV, LLC

2. The Articles of Organization were filed on 12-9-13 and assigned
document number L13000170232

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).

entity no longer needed

entity no longer needed

entity no longer needed

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

David H Reynolds, Impact Communities

ATTN: Entities

PO Box 457 Cedaredge CO 81413

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

David H Reynolds

Printed Name

FILING FEE: \$25.00