113000 172321

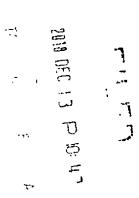
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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12/13/18 --01012--021 **25.00



12/20/18 OS

COVER LETTER

TO:

Registration Section Division of Corporations

SHRIFCT:

Middle Village SPE Holdings 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:

Hannah Smith

(Name of Person)

Governmental Management Services, LLC

(Firm/Company)

475 W Town Place, Suite 114

(Address)

St Augustine, FL 32092

(City/State and Zip Code)

For further information concerning this matter, please call:

Hannah Smith

(Name of Person)

_{at} 865 935-4570

(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

2.	The Articles of Organizat	ion were filed on 12/12/2013	and assigned	
	document number L13000	0172321		
-	The delice deffective date	who discolution if not offective on the	date of filing: 11/30/2018	
.).	Note: If the date inserted in	date the dissolution if not effective on the date of filing: 11/30/2018 ffective date cannot be prior to or more than 90 days later than date document is received for filing) ted in this block does not meet the applicable statutory filing requirements, this date will not seffective 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).			
	Property was sold	<u>,</u>		
5	If there are no members	enter the name and address of the perso	on appointed to wind up the company's	
5.		enter the name and address of the perso	on appointed to wind up the company's	
5.	If there are no members, of activities and affairs:	Hannah Smith	201	
5.				
5.		Hannah Smith 475 W Town Place, Suite 114	201	
5.		Hannah Smith	201 DEC 1-3 P	
5.		Hannah Smith 475 W Town Place, Suite 114	201	
	activities and affairs:	Hannah Smith 475 W Town Place, Suite 114 St Augustine, FL 32092 865-935-4570	201) DEC 1-3 P 10: 1-7	
6.	activities and affairs: Signature of an authorize	Hannah Smith 475 W Town Place, Suite 114 St Augustine, FL 32092	201) DEC 1-3 P 10: 1-7	
6.	activities and affairs: Signature of an authorize	Hannah Smith 475 W Town Place, Suite 114 St Augustine, FL 32092 865-935-4570 d person or if there are no members, the	201) DEC 1-3 P 10: 1-7	
6.	activities and affairs: Signature of an authorize	Hannah Smith 475 W Town Place, Suite 114 St Augustine, FL 32092 865-935-4570 d person or if there are no members, the	e signature of the person appointed and	

FILING FEE: \$25.00