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(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

Msquared Partners, 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:

Frank Maiorano

(Name of Person)

Msquared Partners

(Firm/Company)

PO Box 608

(Address)

Saylorsburg, PA 18353

(City/State and Zip Code)

For further information concerning this matter, please call:

Frank Maiorano

,,570

977-0329

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

7

\$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

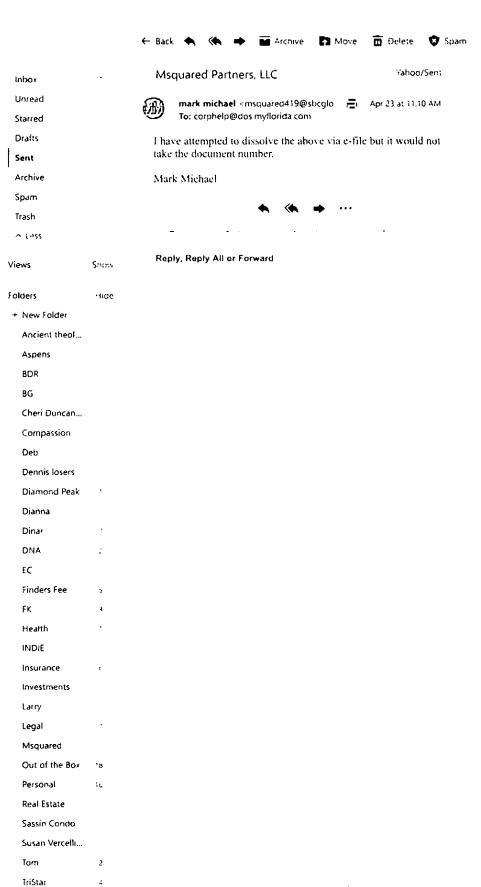
ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	Msquared Partners, LLC	lity company is					
2.	The Articles of Organization	on were filed on $\frac{1-13-2014}{1-13-2014}$		_ and assigned			
	document number L140000	06817	-				
3.	The delayed effective date the dissolution if not effective on the date of filing: May 1,2019 (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.						
1.	A description of occurrence 605.0707, Florida Statutes,	e that resulted in the limite (copy 605,0707 on back co	d liability company's di over letter).	ssolution pursua	ant to sec	ction	
	The consent of all members					_	
5.	If there are no members, er activities and affairs:	iter the name and address of Frank Maiorano and/or M	• • •	•	:Ompány	2019,APR 2	
		PO Box 608				99 P	
		Saylorsburg, PA 18353			7	<u>ዛ</u> ቱ: 0/2	
6. lis	Signature of an authorized ted above to wind up the co	person or if there are no mmpany's activities and affa	embers, the signature of urs:	f the person app	ointed ar	– nd	
	110	-y	Mark Michael , General C			_	
	// Signature		Printed	l Name			

FILING FEE: \$25.00

APPROVED

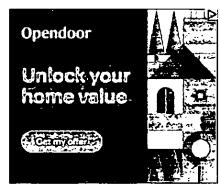
Find messages, documents, photos or people



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