

L140000008640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

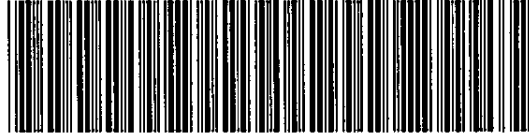
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000271082080

04/01/15--01023--004 **25.00

FILED
15 APR - 1 AM 10:03
STATE
FILING OFFICE
10000A

CRM
4-20-15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MBP SOLUTIONS 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:

HII F. MOY

(Name of Person)

MBP SOLUTIONS LLC

(Firm/Company)

801 MADRID STREET , SUITE 5

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

HII F. MOY

(Name of Person)

305

643-8088

at ()

(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

RECEIVED
15 APR - 1 AM 10:03
REGISTRATION SECTION
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

FILED
15 APR - 1 AM 10:03
STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
MBP SOLUTIONS LLC
2. The Articles of Organization were filed on 01/16/2014 and assigned
document number L14000008640
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 that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
BUSINESS OPERATION NEVER STARTED DUE TO LACK OF CAPITAL
FUNDING FROM INITIAL MEMBERS
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: HII F. MOY
801 MADRID STREET
SUITE 5
CORAL BABLES, FL 33134
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

HII F. MOY

Printed Name

FILING FEE: \$25.00