

L14 0000750 98

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

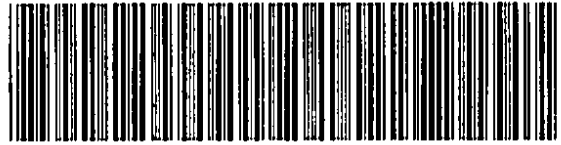
(Document Number)

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J. HORNE
MAR 16 2022

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FILED
2022 MAR -7 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MS ARMSTRONG 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:

MARK ARMSTRONG
(Name of Person)

(Firm/Company)

2106 SW 49TH ST.
(Address)

CAPE CORAL, FLORIDA 33914
(City/State and Zip Code)

For further information concerning this matter, please call:

MARK ARMSTRONG at (239) 224-0718
(Name of Person) (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 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

MS ARMSTRONG LLC

2. The Articles of Organization were filed on 05/08/2014 and assigned

document number L14000075098

3. The delayed effective date the dissolution is not effective on the date of filing: 12/31/2021
(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).

CONSENT OF ALL MEMBERS.

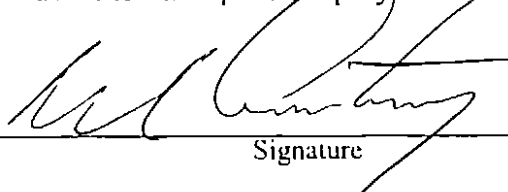
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

MARK ARMSTRONG MGRM

2106 SW 49TH ST. CAPE CORAL, FL

33914

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

MARK ARMSTRONG
Printed Name

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FL

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