

L14000084686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

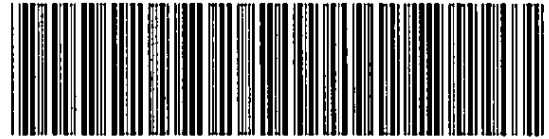
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400313309194

05/18/18--01003 003 **25.00

FILED
2018 MAY 18 PM 1:45
CLERK OF SUPERIOR COURT
MASSACHUSETTS

B FIGUEROA

MAY 21 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MTD SMART TUTORIALS 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:

Mariellen T. Davis
(Name of Person)

MTD SMART TUTORIALS LLC
(Firm/Company)

P.O. Box 2934
(Address)

Palm Beach, FL 33480
(City/State and Zip Code)

For further information concerning this matter, please call:

Mariellen T Davis at (561) 385-7934
(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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Note: I've tried to dissolve
now for wks, on line wouldn't accept my
P.O. code! or credit card code! Sorry!

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

1. The name of a limited liability company is

MTD SMART TUTORIALS LLC

2. The Articles of Organization were filed on 05/16/2018 and assigned

document number L14000084686

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).

Clients graduating and no longer
need my service.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Mariellen T Davis sole owner

P.O. Box 2934

Palm Beach, FL

33480

FILED
2018 MAY 18 PM 1:45
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

MT Davis
Signature

Mariellen T. Davis
Printed Name

FILING FEE: \$25.00