

L14000094632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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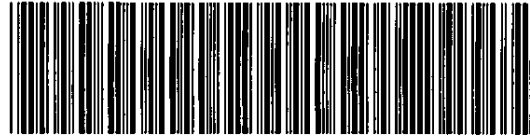
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MTM Management Company LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RALPH E. MARTINSON III
Name of Person

MTM Management Company LLC
Firm/Company

14270 Royal Harbour Court #322
Address

Fort Myers, FL 33908
City/State and Zip Code

remartinson3@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

R.E. Martinson III at (239) 267-8584
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

FIRST: The name of the limited liability company is: MTM Management Company LLC

SECOND: The Florida Document number of the limited liability company is: L14000094632

THIRD: The date of filing of the initial articles of organization is: June 12, 2014

FOURTH: The date of filing of the dissolution is: July 03, 2014

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.


Signature of Authorized Representative

RALPH F. MARTINSEN III
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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