## L14000141396

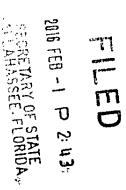
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:  Wrong form		

Office Use Only



500280864995

**500280864995** 01/19/16--01021--002 \*\*\*43.75



FEB 0 2 2016

S MASON



January 22, 2016

FELIX MANUEL HUAMAN 1550 NE 33 AVENUE, UNIT #108 HOMESTEAD, FL 33033

SUBJECT: M & D INTEGRAL SOLUTIONS, LLC

Ref. Number: L14000141396

We have received your document for M & D INTEGRAL SOLUTIONS, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 416A00001465

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: M&D INTEGRAL	SOLUTIONS LLC		
(Name of Limited L	nability Company)		
The enclosed Articles of Dissolution and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the	following:		
FELIX MANUEL (Name of	HUAMAN MAS		
(Firm/Company)			
1550 NE 33 AVE	NIT 108		
(Adď	ress)		
HOMESTEAD FL 33033 (City/State and Zip Code)			
(City/State ar	id Zip Code)		
For further information concerning this matter, please call:			
FELIX M. HVAMAN (Name of Person)	at (786) 610 8061  (Area Code & Daytime Telephone Number)		
(Name of Ferson)	(Med code & Daytime Telephone Namon)		
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	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		

NOTE: WE SENT A PAY FOR \$43.75. DOLARS CHECK # 147 DATES 01.15.16

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	M2 D INTEGRAL SOLUTIONS LLC.
2.	The Articles of Organization were filed on STATE OF FLORIDA and assigned September 10, 2014
	document number <u>L14000141396</u>
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).  The dissolution was approved by all the shareholders:
	Felix M. Huaman and Daniel Granadino. The number of
	votes cast for dissolution was sufficient for approval.
	•
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:  FELIX M. HUAMAN
	1550 NE 33 AVE , UNIT 108
	HOMESTEAD., FL 33033
6. Iis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:
	Tollewinis FELIX M. HUAMAN
	Signature Printed Name Signature  FILING FEE: \$25.00