

L14000141396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

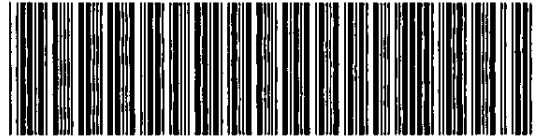
(Business Entity Name)

(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

FILED  
2016 FEB - 1 P 2:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 02 2016

S MASON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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 Liability 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 HUAMAN MAS  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

1550 NE 33 AVE, UNIT 108  
(Address)

HOMESTEAD, FL 33033  
(City/State and Zip Code)

For further information concerning this matter, please call:

FELIX M. HUAMAN at (786) 610 8061  
(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:** WE SENT A PAY FOR \$43.75. DOLARS CHECK # 147  
DATED 01.15.16

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

M & D INTEGRAL SOLUTIONS LLC

2. The Articles of Organization were filed on STATE OF FLORIDA and assigned  
September 10, 2014  
document number L14000141396

3. The delayed effective date the dissolution if not effective on the date of filing: NOVEMBER 30, 2015  
(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. 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

FELIX M. HUAMAN

Printed Name

FILING FEE: \$25.00

2016 FEB - 1 P 2:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED