

L14 000168606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

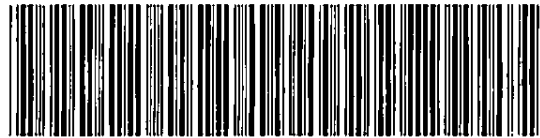
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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02/10/20 -01014--019 \*\*25.00

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**KORSHAK & ASSOCIATES, P.A.**  
ATTORNEYS AT LAW

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BRADFORD PETRINO  
bpetrino@korshaklaw.com

† ALSO ADMITTED IN ILLINOIS

February 5, 2020

Division of Corporations  
P.O. Box 6250  
Tallahassee, FL 32314

VIA U.S. MAIL

*Re: MSE Partners, LLC  
Articles of Dissolution*

To whom it concern:

Enclosed please find a cover letter and Articles of Dissolution in regards to the above referenced entity as well as a check no. 8572 in the amount of \$25.00 representing the fee for same.

Should you have any questions or concerns, please contact our office. Thank you!

Sincerely,



Erin Walker  
Legal Secretary

Enclosures

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

MSE Partners, 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:

Bradford Petrino

(Name of Person)

Korshak & Associates, P.A.

(Firm/Company)

950 S. Winter Park Dr., Suite 290

(Address)

Casselberry, FL 32707

(City/State and Zip Code)

For further information concerning this matter, please call:

Bradford Petrino

407

855-3333

31 ( )

(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

MSE Partners, LLC

2020. 10 11:12:56

2. The Articles of Organization were filed on October 29, 2014 and assigned

document number L14000168606

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).

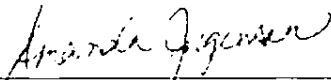
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Consent of all the 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Amanda Jorgensen

Printed Name

**FILING FEE: \$25.00**

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: MSE Partners, LLC

Document number of Limited Liability Company is: L14000168606

Date of dissolution was: January 6, 2019

Description of information that must be included in a written claim:

1. Name, address, and telephone number of the claimant. 2. Description of the claim. 3. Amount of the claim.

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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Amanda Jorgensen


3275 S. John Young Parkway #520

Kissimmee, FL 34746

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Bradford Petrino

Printed Name of the Person Filing

  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**