

L14000 177518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

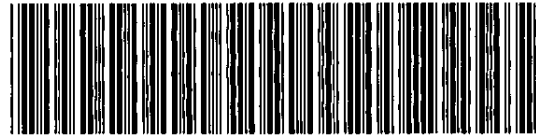
(Business Entity Name)

(Document Number)

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

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200265725272

TO BE FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 NOV 21 11:57

FILED  
14 NOV 21 AM 7:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers NOV 25 2014



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 24, 2014

CSC

SUBJECT: MF ANDERSON, LLC  
Ref. Number: L14000177918

**RESUBMIT**

**Please give original  
submission date as file date.**

We have received your document for MF ANDERSON, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 014A00024854

RECEIVED  
DEPARTMENT OF STATE  
14 NOV 24 PM 2:12



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 388167 85036A

AUTHORIZATION :

COST LIMIT : \$ 25.00

*Lyndee*

ORDER DATE : November 21, 2014

ORDER TIME : 12:42 PM

ORDER NO. : 388167-005

CUSTOMER NO: 85036A

DOMESTIC FILINGS

NAME: MF ANDERSON, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER'S INITIALS: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

MF ANDERSON, LLC

2. The Articles of Organization were filed on 11/17/14 and assigned

document number 114000177918

3. The delayed effective date the dissolution is not effective on the date of filing: 11/22/2014  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

Filed in wrong State

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 as listed above to wind up the company's activities and affairs:



Signature

Owen C. Ewing

Printed Name

**FILING FEE: \$25.00**

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SECRET  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA