

L150000 94131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

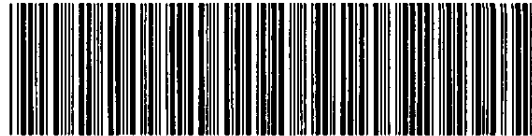
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500276493705

08/31/15--01024--020 \*\*25.00

FILED  
15 AUG 31 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 02 2015

J SHIVERS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1/2 PRICE MATTRESS NMB LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

GLORIA CONTRERA

(Contact Person)

M&L ACCOUNTING SERVICES INC.

(Firm/Company)

16969 NW 67TH AVENUE #208

(Address)

HIALEAH, FL. 33015

(City/State and Zip Code)

For further information concerning this matter, please call:

GLORIA CONTRERAS

305

231-7212

(Name of Contact Person)

at ( )

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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