

L16000071647

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(City/State/Zip/Phone #)

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FILED  
2016 MAY -3 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

MAY -6

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MONGOLIAN OPERATING CO, 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:

VANESSA SWEENEY  
(Name of Person)  
MONGOLIAN OPERATING CO LLC  
(Firm/Company)  
200 EAS. TRAVELERS TRAIL  
(Address)  
BURNSVILLE MN 55337  
(City/State and Zip Code)

For further information concerning this matter, please call:

VANESSA SWEENEY at 952 288-5912  
(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

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

**FILED**  
2016 MAY -3 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

MONGOLIAN OPERATING CO, LLC

2. The Articles of Organization were filed on 4-11-16 and assigned

document number L16 000071647

3. The delayed effective date the dissolution if not effective on the date of filing: 5-02-16  
(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).

NOT DOING BUSINESS - SET UP BY MISTAKE

SET UP INCORRECTLY

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

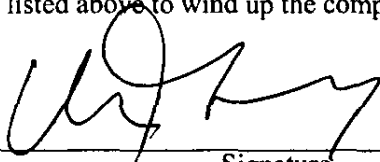
VANESSA SWEENEY

200 E. TRAVELERS TRAIL

SUITE 235

BURNSVILLE MN 55337

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

VANESSA SWEENEY

Printed Name

**FILING FEE: \$25.00**