

116 000176943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

A standard linear barcode is positioned horizontally across the page, consisting of vertical black lines of varying widths on a white background.

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TO: Registration Section
Division of Corporations

SUBJECT: MDSD ENTERPRISES 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:

MITCHELL J. HOWARD

(Name of Person)

MITCHELL J. HOWARD CPA, PA

(Firm/Company)

3800 S. OCEAN DRIVE SUITE 228

(Address)

HOLLYWOOD, FL 33019

(City/State and Zip Code)

For further information concerning this matter, please call:

MITCHELL J. HOWARD

at 954 454-1119

(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
2445 N. Monroe Street
Tallahassee, FL 32304