# L176000 77552

(Requestor's Name)					
(Address)					
(Address)					
(City/State)	Zip/Phone #)				
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PICK-UP	WAIT MAIL				
(Business E	Entity Name)				
(2-5///000-5					
(Document Number)					
Certified Copies C	ertificates of Status				
Considerations to Fillian Officer					
Special Instructions to Filing Officer:					

Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

#### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:

MT 99 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:

Maria A Graterol			
(Name of Person)			
MT 99 LLC			
(Firm/Company)			
7210 nw 114th Ave. Apt 107			
(Address)			
Doral Florida 33178			
(City/State and Zip Code)			

For further information concerning this matter, please call:

### Maria Graterol

\_\_/86

3251157

(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

١.	The name of a limited liabi	ility company is				
2.	The Articles of Organization	n were filed on 03/3	1/2017 8:00 AM	and assigned		
	document numberL170000	73552				
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 listed as the document's effective date on the Department of State's records.					
4.	A description of occurrence 605.0707. Florida Statutes.	that resulted in the l (copy 605.0707 on b	limited liability compan ack cover letter).	y's dissolution plant is ection		
	DOES NOT GENERATE UT	[ILITY		Siz 6 1		
				LOND THE		
5.		ter the name and add	•	nted to wind up the company's		
	activities and affairs:	7210 NW 114TH A	AVE. APT 107			
		DORAL FLORIDA				
		33178				
5. is	Signature of an authorized placed above to wind up the con	person or if there are npany's activities an	no members, the signated affairs:  MARIA A GRATE	ure of the person appointed and		
_	Signature		Pr	rinted Name		
		FILIN	G FEE: \$25.00			