

L18000170965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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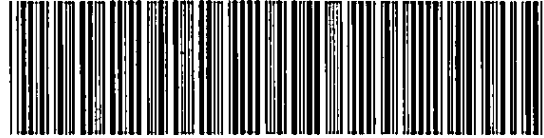
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
20 AUG 21 AM 10:15

*Revocation*

SEP 10 2020

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Revocation of Dissolution

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MUSTAALI MOHYUDDIN

\_\_\_\_\_  
Contact Person

MFMA MANAGMENT LLC

\_\_\_\_\_  
Firm/Company

2220 COUNTY ROAD 210 W, SUITE 108-311

\_\_\_\_\_  
Address

JACKSONVILLE, FLORIDA . 32259

\_\_\_\_\_  
City, State and Zip Code

FLORIDARENTALS52@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MUSTAALI MOHYUDDIN

\_\_\_\_\_  
Name of Contact Person

at ( 904 ) 479 8510

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

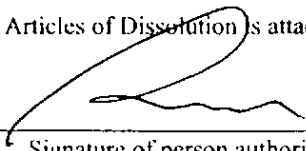
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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DIVISION OF CORPORATIONS  
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**STATEMENT OF REVOCATION OF DISSOLUTION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

1. The name of the company is: MFMA MANAGMENT LLC
2. The document number of the company is L 18000170965
3. The effective date the Dissolution was filed is 08/15/2020
4. The revocation of dissolution was authorized on 08/15/2020
5. A copy of the Articles of Dissolution is attached.

  
\_\_\_\_\_  
Signature of person authorized to submit the revocation of dissolution

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DIVISION OF CORPORATIONS  
20 AUG 21 AM 10:16

**Filing Fee: \$100.00**  
**Certified Copy: \$30.00 (optional)**

**FILED**  
**Aug 15, 2020**  
**Secretary of State**

## **ARTICLES OF DISSOLUTION**

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

**MFMA MANAGMENT LLC**

The document number of the limited liability company: L18000170965

The file date of the articles of organization: July 16, 2018

The effective date of the dissolution if not effective on the date of filing: August 15, 2020

A description of occurrence that resulted in the limited liability company's dissolution:

DUE TO THE CORONA PANDEMIC.

The name and address of the person appointed to wind up the company's activities and affairs:

**MUSTAALI Y MOHYUDDIN**  
**2220 COUNTY RD 210 W, STE 108-311**  
**JACKSONVILLE, FL 32259 US**

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: **MUSTAALI MOHYUDDIN**

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Electronic Signature of authorized person

# *State of Florida*

## *Department of State*

I certify from the records of this office that MFMA MANAGMENT LLC was a limited liability company organized under the laws of the State of Florida, filed on July 16, 2018, effective July 20, 2018.

The document number of this limited liability company is L18000170965.

I further certify that said limited liability company was voluntarily dissolved on August 15, 2020, effective August 15, 2020.

*Given under my hand and the Great Seal of  
Florida, at Tallahassee, the Capital, this the  
Seventeenth day of August, 2020*



*Randy R. Lee*  

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*Secretary of State*

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