## 118000228144

(F	Requestor's Name)				
(Address)					
(Address)					
(C	Dity/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(E	Susiness Entity Name)				
(0	Document Number)				
Certified Copies	Certificates of Status				
Special Instructions t	o Filing Officer:				





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## **COVER LETTER**

	n of Corporations						
SUBJECT:	Country V	1'EW MHP LLC d Liability Company)					
	(Name of Limite	d Liability Company)					
The enclosed Art	ticles of Dissolution and fee(s) are submitte	ed for filing.					
Please return all	correspondence concerning this matter to t	he following:					
	Andrew	Kee					
	(Nam	e of Person)					
	Gary Capita	VCompany)					
	(Firm	/Company)					
PO BOX 622023 (Address)							
	Oviedo FL	32762 e and Zip Code)					
	(City/Stat	e and Zip Code)					
For further inform	mation concerning this matter, please call:						
	Andrew Keel (Name of Person)	at ( <u>407</u> ) <u>461 - 9451</u> (Area Code & Daytime Telephone Number)					
	k for the following amount:						
	Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)					
Mailing	Address:	Street Address:					
Registi	ration Section	Registration Section					
	on of Corporations	Division of Corporations					
	ox 6327 assee, FL 32314	The Centre of Tallahassee					
	Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810						

Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

. The name of a limited liability company is				
Country View	MHP L	LC		
Country View  The Articles of Organization were filed on	09/26/2	_0 / 8 and as:	signed	
document number <u>L1800</u> 0228	:144			
The delayed effective date the dissolution if no (effective date cannot be prior to Note: If the date inserted in this block does not make the document's effective date on the Department.	oor more than 90 days late leet the applicable statu	er than date document i itory filing requireme	s received for fi nts, this date v	ding) vill not be
A description of occurrence that resulted in the 605.0707. Florida Statutes, (copy 605.0707 on	hack cover letter)			
No longer need	ded solo	1 proper	ty: int	erest
				<u>=</u> T1
			6 T	27
If there are no members, enter the name and acactivities and affairs:	ldress of the person a	appointed to wind u	<u>∄</u> ⊆ p thegcompar	À. S
			-	
	<del></del>		<del></del>	
		<del></del>		
Signature of an authorized person or if there are pove to wind up the company's activities and aff	e no members, the si airs:	gnature of the perso	on appointed	and listed
1 2 2 1				
ful til	_ Ande	Printed Name	MOR (	Sury Conite
Signature	•	Printed Name	<u> </u>	/ ¬~//

FILING FEE: \$25.00