

L20000139147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

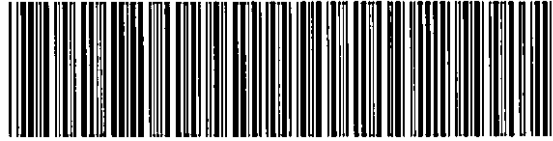
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

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2021 MAR -2 PM 2:00
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STATE
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155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 3/2/21

NAME: MECBDE LLC

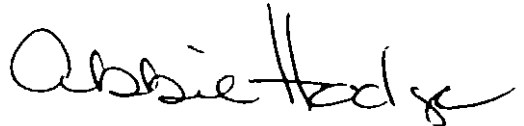
TYPE OF FILING: DISSOLUTION

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



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

1. The name of a limited liability company is
MECBDE LLC

2. The Articles of Organization were filed on May 21, 2020 and assigned
document number L20000139147

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 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).

Consent of all the members.

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

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

BRIAN D. EVANS
Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

This notice is submitted by MECBDE LLC, a Florida limited liability company, for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, Florida Statutes.

Name of Limited Liability Company: MECBDE LLC

Document number of Limited Liability Company is: L20000139147

Date of dissolution will be the date that the Articles of Dissolution are filed with the Florida Department of State.


Description of information that must be included in a claim:

1. The name and address of the claimant.
2. The date the claim arose.
3. The nature of the claim.
4. The amount of claim.
5. Copies of any and all documents or instruments evidencing or memorializing claim.
6. The claimant(s)' United States social security number, federal identification number or appropriate taxpayer identification number.
7. Each claim must be submitted separately.

Mailing address where claims can be sent:

8168 Green Glade Road
Jacksonville, Florida 32256

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within four years after the filing of this notice.


Name: *BRIAN D. EVANS*