

L 20000383015

✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

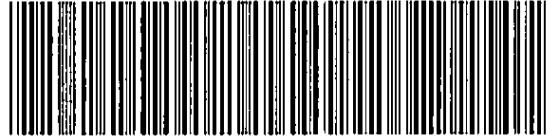
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300422394983

01/24/24--01009--002 \*\*25.00

FILED  
2024 JAN 24 PM 4:37  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MVP SETTLEMENT, 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:

JESSICA HALLGREN HAINES

(Name of Person)

KLG ORLANDO

(Firm/Company)

243 W. PARK AVE. SUITE 202

(Address)

WINTER PARK, FL 32789

(City/State and Zip Code)

For further information concerning this matter, please call:

JESSICA HAINES

407

641-5847

at ( )

(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  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

1. The name of a limited liability company is  
MVP SETTLEMENT, LLC

2. The Articles of Organization were filed on DECEMBER 8, 2020 and assigned  
document number L20000383015

3. The delayed effective date the dissolution if not effective on the date of filing: N/A  
(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).  
THIS COMPANY IS TO BE DISSOLVED PURSUANT TO FLORIDA STATUTES AND ITS  
OPERATING AGREEMENT BY VOLUNTARY CONSENT AND RESOLUTION OF ALL OWNERS.

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

243 W. PARK AVE., SUITE 202

WINTER PARK, FL 32789

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

JESSICA HALLGREN HAINES  
Printed Name

**FILING FEE: \$25.00**

**FILED**  
2024 JAN 24 PM 4:37  
SECRETARY OF STATE  
TALLAHASSEE FL