L21000048310

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2024 JUL 29 PM 3: 28

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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: MLR 1927 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:				
Aneice R. Lassiter				
(Name of Person)				
MLE 1927 UC				
MLR 1927, LLC (Firm/Company)				
P.O. Box 999				
(Address)				
Pisgah Forest NC 28768 (City/State and Zip Code)				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Aneice R. Lassiter (Name of Person)	at (561) 676-0564			
(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	Street Address:			
Division of Corporations	Registration Section Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			
	Tallahassee, FL 32303			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

2024 JUL 29 PM 3: 28

1.	1. The name of a limited liability company is	
	MhR 1927, LLC	TALLAHASSEE, FLOR
2.	2. The Articles of Organization were filed on $01/26/2051$ a	nd assigned
	document number <u>L21000048310</u>	
3.	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 does Note: If the date inserted in this block does not meet the applicable statutory filing requisited as the document's effective date on the Department of State's records.	18 15 2024 Imen is received for filing) Direments, this date will not be
4.	4. A description of occurrence that resulted in the limited liability company's disso 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	lution pursuant to section
	No projected future plans for real	
	invest ments	
5.	5. If there are no members, enter the name and address of the person appointed to v	vind up the company's
	activities and affairs:	
	·	
6. ab	6. Signature of an authorized person or if there are no members, the signature of the above to wind up the company's activities and affairs:	e person appointed and listed
	arica R. Gusta ANEICE R Signature Printed No	C. LASSITER
	Signature Printed Na	ame

FILING FEE: \$25.00