12100017216H

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sacrifica Line)
(Document Number)
(Boodine (Nambel)
Cadifical Carrier Cadificator of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000381071400

02/02/22 01035-015 *#25.00

2022 FEB -7 AM 8: 11

C. BRUMBLEY FEB 1 6 2022

COVER LETTER

1 to 1 to 1

Registration Section Division of Corporations

TO:

SUBJECT: M. M. KUDIOLLC		
(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	e following:	
Mairelis Madriga	1 Rubio	
(Firm/C	Company)	
11703 Lake Lanie	Dr	
(Ad	dress)	
Riverview FL 3	13569 - 2935	
(City/State a	and Zip Code)	
For further information concerning this matter, please call:		
Mairelis	at (832) 919 0553 (Area Code & Daytime Telephone Number)	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314	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 M.M.R.V.biol.L.C.		
2.	The Articles of Organization were filed on and assigned of		
	document number <u>L 21000172164</u>		
3.	The delayed effective date the dissolution if not effective on the date of filing: 02/02/2022 (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). 		
	I Never used it because I don't need it		
5.	If there are no members, enter the name and address of the person appointed to wind up the company's		
	activities and affairs: Mairelis Madrigal Rubio		
	11203 LAKE LANIER Dr		
	Riverview FL 33569-2935		
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:		
	Signature Mairelis Printed Name		

FILING FEE: \$25.00