

| (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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| Umils |





04/01/24--01048--008 **55.00



1 to 1

March 25, 2024

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To whom it may concern:

Having moved from Florida as of July 7, 2023, I hereby enclose the Articles of Dissolution for ML Nonprofit Advisors, LLC, Document number L22000194903. If necessary to contact me, my cell phone number is 512-968-2546. If contacting me by mail, until April 20, 2024 my mailing address is:

Michael Larkin 1015 N Eddy Street, Apt 2022 South Bend, IN 46617

After May 1, 2024 my mailing address will be:

Michael Larkin 7600 Broadway, Apt 3038 San Antonio, TX 78209

Sincerely,

Michael Larkin 512-968-2546

MENPA - Cover Letter for FL - 03-25-22

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | |
|--|---|---|----------------------------------|--|--|
| SUBJE | ML Nonprofit Advisors, LLC | | | | |
| | (Name of Limited Liability Company) | | | | |
| | | | | | |
| The end | closed Articles of Dissolution and fee(s) are subn | nitted for filing. | | | |
| Please 1 | return all correspondence concerning this matter | to the following: | | | |
| | Michael F Larkin | | | | |
| | (N | ame of Person) | | | |
| | ML Nonprofit Advisors, LLC (Firm/Company) 3370 W Crown Point Blvd, Apt 202 (Address) | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Naples, FL 34112 | | | | |
| | (City/S | tate and Zip Code) | | | |
| For furth | ner information concerning this matter, please ca | H: | | | |
| | Michael F. Larkin | 512 at (| 968-2546 | | |
| | (Name of Person) | | 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 Addre Registratio | | | |

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| . The name of a limited liab ML Nonprofit Advisors, LL | | | | | |
|---|--|---------------------------------|--|--|--|
| The Articles of Organizat | ion were filed on April 25, 2022 | and assigned | | | |
| document number 1.22000 | 194903 | | | | |
| Note: If the date inserted in | effective date the dissolution if not effective on the date of filing: March 22, 2024 (effective date cannot be prior to or more than 90 days later than date document is received for filing) date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records. | | | | |
| A description of occurrence 505,0707. Florida Statutes | ce that resulted in the limited liability company's di , (copy 605,0707 on back cover letter). | issolution pursuant to section | | | |
| Owner moved out of the State of Florida | | | | | |
| If there are no members, e activities and affairs: | nter the name and address of the person appointed Michael Larkin | to wind up the company | | | |
| | 1015 N Eddy Street, Apt 2022 | A H | | | |
| | South Bend, IN 46617 | : 5 1 | | | |
| Signature of an authorized ove to wind up the compar | l person or if there are no members, the signature o by's activities and affairs: | f the person appointed and list | | | |
| Uche STA | Michael F Larkin | | | | |
| Signature | Printed | d Name | | | |

FILING FEE: \$25.00