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04/26/24--01013--005 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MDP Capital (Name of Lim	Enterprises, LC(.
The enclosed Articles of Dissolution and fee(s) are subm	sitted for filing.
Please return all correspondence concerning this matter to	o the following:
Michael D.	PRIEST ame of Person)
mDP Capita	L Entorprises, LCC
1220 WATER	SIDE Lane
Venice, FL	34785 tate and Zip Code)
For further information concerning this matter, please cal	
Michael PRIEST (Name of Person)	at (941) 720.9394 (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:	Street Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

* برسد* ،

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			
MDP COP	oital Enterprises, LCC		
2. The Articles of Organization	n were filed on July 13,2023 and	assigned	
document number 12	3000332556		
Note: If the date inserted in the	he dissolution if not effective on the date of filing: (2) date cannot be prior to or more than 90 days later than date docume his block does not meet the applicable statutory filing require tive date on the Department of State's records.	ent is received for figing)	be
605.0707, Florida Statutes, (c	that resulted in the limited liability company's dissolut copy 605.0707 on back cover letter).	. \(\)	
This LCC	was never used for the	nt-ondeo	
propose of	the LCC. Therefore, the	Oversity to Be	
need for th	vis LCC.	MPR	
		26	n
5. If there are no members, ent	er the name and address of the person appointed to win	d up the company's	
	1220 Waterside Lane		
	Venice, FL 34285		
 Signature of an authorized pabove to wind up the company 	erson or if there are no members, the signature of the person or if there are no members, the signature of the person or if there are no members, the signature of the person or if there are no members, the signature of the person or if there are no members, the signature of the person or if there are no members, the signature of the person or if there are no members, the signature of the person or if there are no members, the signature of the person or if the person or if there are no members, the signature of the person or if the person or if the person or if the person or if the person of the pe	erson appointed and list	ted
1/1/2		Para	
Signature	YILC Las Printed Nam) VKIES	

FILING FEE: \$25.00