

2019-05-14 PM 1:09

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MHRS 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:

Holly Scott
(Name of Person)

(Firm/Company)

630 Thompson Creek Road
(Address)

Stevensville MD 21156
(City/State and Zip Code)

For further information concerning this matter, please call:

Holly Scott at (410) 200 6127
(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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2019

HOLLY SCOTT
630 THOMPSON CREEK RD
STEVENSVILLE, MD 21666

SUBJECT: MHRS LLC
Ref. Number: M14000000564

* Feel Free to
call me if
I need
any other documents
- Holly Scott
410-200-
6127

We have received your document for MHRS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida limited liability company, but your entity is a Foreign limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist III

Letter Number: 319A00007841

Hi Rebekah,
I have tried to reach you
to confirm that I have filled out
these document correctly, but
have no heard back. Please
let me know if I
needed something
different.
Thank you
Holly

www.sunbiz.org

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

MHRS LLC

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Holly Scott

(Name of Person)

(Firm/Company)

630 Thompson Creek Road

(Address)

Stevensville MD 21666

(City/State and Zip Code)

For further information concerning this matter, please call:

Holly Scott

(Name of Person)

at

410 200-6127

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:



\$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

FILED

2019 MAY 14 PM 1:09

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

MHRS LLC

(Name of limited liability company)

Maryland

(Jurisdiction of its organization)

1-28-2014

(Date registered with Florida Department of State)

M140000000504

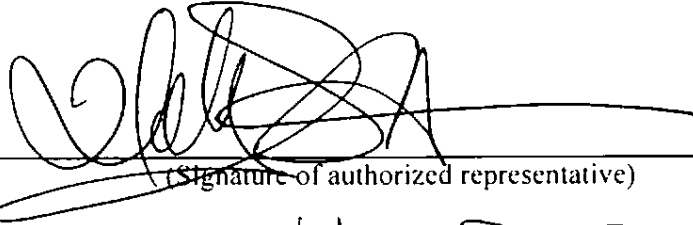
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after 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.



(Signature of authorized representative)

Holly P. Scott

(Typed or printed name of signee)

Filing Fee: \$25.00