

PO70000121487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

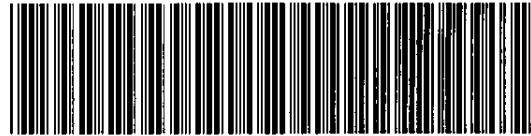
(Document Number)

Certified Copies

Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



100184523581

08/23/10--01026--019 **35.00

12/17/10--01021--001 **8.75

UP

FILED
10 DEC 13 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts DEC 17 2010

November 30, 2010

**To: Florida Department of State / Division of Corporations
From: Martin Broderick
Owner: M.D.B. Services Inc.**

To Whom It May Concern: On August 18, 2010, I submitted a check payable to you to dissolve my Corporation. Although you cashed my check, unfortunately that transaction to dissolve my Corporation was never completed. Enclosed is a copy of the check you cashed from me back in August, along with the application to dissolve my corporation. Please complete this transaction by dissolving my corporation A.S.A.P.... Thank You



Martin Broderick

**RECEIVED
10 DEC 13 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2010

MARTIN BRODERICK
M.D.B. SERVICES INC
1710 N.E 49TH ST
FORT LAUDERDALE, FL 33334

SUBJECT: M.D.B. SERVICES INC.
Ref. Number: P07000121487

We have received your document for M.D.B. SERVICES INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to resign as registered agent of an active corporation is \$87.50.

There is a balance due of \$52.50.

We are enclosing the form if you wish to voluntarily dissolve the corporation.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 410A00020248

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISOLVE CORPORATION / CERTIFIED COPY

DOCUMENT NUMBER: PO7000121487

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARTIN BRODERICK
(Name of Contact Person)

M.D.B. SERVICES (TO BE DISOLVED)
(Firm/Company)

1929 PRIDE AVE
(Address)

CLARKSBURG, WV 26301
(City/State and Zip Code)

For further information concerning this matter, please call:

MARTIN BRODERICK at (954) 347-5292
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

ALREADY PAID
8/18/2010

MAILING ADDRESS:

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

STREET ADDRESS:

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

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FILED
10 DEC 13 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:

M.D.B. SERVICES INC.

SECOND: The document number of the corporation (if known): P07000121487

THIRD: The file date of the articles of incorporation: 11/07/2007

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

Signature: Martin Broderick

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

MARTIN BRODERICK
(Typed or printed name of person signing)

PRESIDENT
(Title of Person Signing)

Filing Fee: \$35