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COVER LETTER

TO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Corporations
SUBJECT: Dissolution of MREA, CORP
DOCUMENT NUMBER: P210000 99228
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Peter Hewith (Name of Contact Person)
(Firm/Company)
5814 Carriage Drive
· ,
Sarasota, FL 34243 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Peter Hewith at (941-299-3747 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee \& \Bigcup \\$43.75 Filing Fee \& \Bigcup \\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is enclosed) (Additional copy is enclosed)
Mailing Address: Street Address:

Amendment Section

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
SECOND:	The document number of the corporation (if known): P2/0000 99228
THIRD:	Effective date of dissolution if applicable: 12/15/2023 Effective date of dissolution if applicable: 12/3/2023 (no more than 90 days after dissolution file date) 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.
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
	Signature: (By a director, president or other officer - if directors or officers hade not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	Peter A Hewitt (Typed or printed name of person signing)
	(Title of person signing)

Filing Fee: \$35