

L13000028331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. HARVEY
DEC 09
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MYOPTICAL US 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:

C/O NAVIGLI USA INC/ALBERTO FOCARDI

(Name of Person)

NAVIGLI USA INC

(Firm/Company)

3857 ACLINE RD

(Address)

PUNTA GORDA FL 33950

(City/State and Zip Code)

For further information concerning this matter, please call:

C/O FERNANDO ODE

(Name of Person)

239

231-3012

at (

(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

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
MY OPTICAL US LLC
2. The Articles of Organization were filed on 2/25/2013 and assigned
document number L13000028331
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

UNABLE TO DO THE BUSINESS EXPORTING GOODS FROM ITALY DUE TO
MEMBER/MGR INCAPABILITIES.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: LUCIO BERTOLUZZI

VIA SALUTATI 7, MILANO, ITALY 20144

ANDREA MIOTTI

PIAZZA GRANAI 2, MILANO, ITALY, 20129

6. Signature of an authorized person or if there are no members, the signature of the person appointed and
listed above to wind up the company's activities and affairs:



LUCIO BERTOLUZZI

Signature

Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA

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