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COVER LETTER

TO: Registration Section			
SUBJECT: MUVIH INDUSTVIAL LLC (Name of Limited Liability Company)			
(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:			
Barbara Carlisic			
(Name of Person)			
(Firm/Company)			
PO BOX 4913			
PO BOX 4913 Stateline NV 89449			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Barbara Carliste at 775, 586-9187 (Name of Person) (Area Code & Daytime Telephone Number)			
(Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee and Certificate of Dissolution S55.00 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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is MLW1+ MAUSH	yal LC	2019 DEC 26 PH 5: 24
2. The Articles of Organization were filed on	<u>1/15/04</u> 4112	and assigned
3. The delayed effective date the dissolution if (effective date cannot be prior Note: If the date inserted in this block does not listed as the document's effective date on the De	to or more than 90 days later that meet the applicable statutory 1	n date document is received for filing)
4. A description of occurrence that resulted in t 605.0707. Florida Statutes, (copy 605.0707 o TAL IMITED ITALIANITED WAS SOID IN 20 have no Continui	n back cover letter). 19 COMPANY: 19 And Hu	erefore will
5. If there are no members, enter the name and activities and affairs:	address of the person appoi	nted to wind up the company's
6. Signature of an authorized person or if there listed above to wind up the company's activities	are no members, the signate and affairs:	ure of the person appointed and
Boulara Carles	Le Barba	va Cavisio

FILING FEE: \$25.00