

# L06000035440

\_\_\_\_\_  
(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



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07/27/10--01011--024 \*\*60.00

10 AUG -5 PM 1:41

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

T. HAMPTON

AUG - 8 2010

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MIA VISION 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:

EVELYN RIVERA, EA MBA  
(Name of Person)

ACCOUNTING CENTER FOR SMALL BUSINESS, LLC  
(Firm/Company)

5701 DOGWOOD DR  
(Address)

ORLANDO, FL 32807  
(City/State and Zip Code)

For further information concerning this matter, please call:

EVELYN RIVERA EA at (407) 281-0227  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ 30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$60.00 Filing Fee,  
Certificate of Status &  
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

RECEIVED

10 AUG -5 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 28, 2010

EVELYN RIVERA, EA MBA  
ACCOUNTING CENTER FOR SMALL BUSINESS LLC  
5701 DOGWOOD DR  
ORLANDO, FL 32807

SUBJECT: MIA VISION, LLC  
Ref. Number: L06000035440

We have received your document for MIA VISION, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

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) 245-6855.

Tammy Hampton  
Regulatory Specialist II

Letter Number: 310A00018263

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 AUG -5 PM 1:41

1. The name of a limited liability company is

MIA VISION, LLC

2. The Articles of Organization were filed on 4/4/2006 and assigned document number

L06000035440

3. The date the dissolution was approved: 7/1/2010

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

Business Closed

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

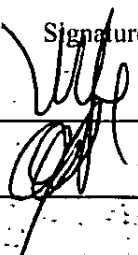
6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.  
-OR-  
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature



Printed Name

WILLIAM DENIZARD FLORES

OLGA T TANON