

**LN000090428**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

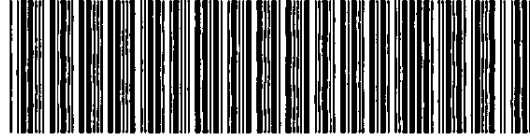
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**400280865244**

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01/19/16--01025--017 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 FEB -5 P 2:28

**FILED**

**FEB 05 2016**  
**D. BRUCE**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2016 FEB -8 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 20, 2016

ROXANN FOGEL  
1511 SW 6 AVE  
POMPANO BEACH, FL 33060

SUBJECT: MIROX MARITIME LLC  
Ref. Number: L06000090428

We have received your document for MIROX MARITIME LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 816A00001205

2016 FEB -5 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mirox Maritime 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:

Roxann Fogel  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

1511 SW 6 Ave  
(Address)

Pompano Beach FL 33060  
(City/State and Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Roxann Fogel  
(Name of Person)

at ( 954 ) 703-9339  
(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

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

1. The name of a limited liability company is

Mirox Maritime LLC

2. The Articles of Organization were filed on Sept. 14, 2006 and assigned

document number L 06000090428

3. The delayed effective date the dissolution if not effective on the date of filing: when filed  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**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.

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).

Health reason. Husband had a severe  
hemorrhagic stroke and is not capable to  
have business any longer. Needs 24/7 care.

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

Roxann Fogel

1511 SW 6 Ave

Pompano Beach, FL 33060

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:

Roxann Fogel  
Signature

Roxann Fogel  
Printed Name

**FILING FEE: \$25.00**

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA