

L08000026493

(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



400258977254

04/21/14--01029--007 **25.00

FILED
14 APR 21 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 24 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mimi Lu, LLC

DOCUMENT NUMBER: L08000026493

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Arline Ranzola

(Name of Contact Person)

Mimi Lu, LLC

(Firm/Company)

15634 Sw 50th Terrace

(Address)

Miami, Florida 33185

(City/State and Zip Code)

For further information concerning this matter, please call:

Arline Ranzola

(Name of Contact Person)

at (786)

(Area Code)

385-3170

(Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25 Filing Fee

\$30 Filing Fee &
Certificate of Status

\$55 Filing Fee &
Certified Copy

\$60 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
14 APR 21 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Mimi Lu, LLC.

2. The Articles of Organization were filed on March 13, 2008 and assigned

document number 408000026493

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).

Economic downturn, no business

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

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:


Signature

Arline Ranzola
Printed Name

FILING FEE: \$25.00