Division of Corporations **Electronic Filing Cover Sheet**

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(((H16000077128 3)))



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Division of Corporations

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From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

LLC DISSOLUTION OR WITHDRAWAL **NEW MIAMI GROUP LLC**

Certificate of Status	0 .
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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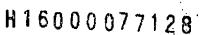
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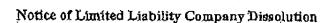
ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2. The Articles of Organization were	filed on08/04/2009	end assi	gned	
document numberL09000074763	}			
3. The delayed effective date the diss	solution if not effective on th mot be prior to ar more than 90 de	ne date of filing: 03/31/	2016	
Nate: If the date inserted in this bloc listed as the document's effective dat	ak does not meet the spolicable	statutory filling requirement	s, this date will not be	
4. A description of occurrence that re 605.0707, Florida Statutes, (copy of		y company's dissolution ;	nursuant to section	
By unanimous agreement, ell member	s consent to the dissolution.		·	

5. If there are no members, enter the	name and address of the per	son appointed to wind up	the company's	
activities and affairs:				
		· · · · · · · · · · · · · · · · · · ·		
·	<u></u>			
6: Signature of an authorized person	or if there are no members.	te signature of the perso	n appointed and	
6: Signature of an authorized person listed above to wind up the company'	s activities and affairs:	2		
Mana	- <i>J</i>	Marcelo Conceives		
Signature	FILING FEE: 525.0	Printed Name		
			26	
	,	•		- Jane
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NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in a. 605.07(2, F.S.

This "Notice of Limited Clability Company Dissolution" is optional and is not required when filling a voluntary dissolution.

tame of Limited Liability Company: NEW MIA	L09000074763			
Pate of dissolution was: 03/31/2016				
escription of information that must be included in a written claim:				
Nature of Claim with amount al	ong with name, addres	ss, and		
telephone numbér.				
,		,		
		tions?		
Mailing address where claims can be sent; (Claims can	and be sent to the Division of Corpor	uioni) S		
4000 C\A/ 40C \A\/E		- 第第 - ~		
4302 SW 186 AVE				
MIRAMAR, FL 33029		, es		
<u> </u>		Y OF STATE		

Marcelo Goncalves

Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If flied separately \$25.00