

109000107455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

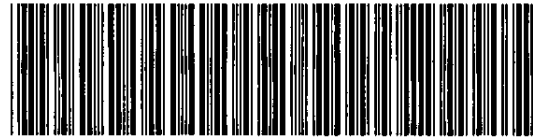
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

109000107455
FEB 20 2014

COVER LETTER

TO: , Registration Section
Division of Corporations

SUBJECT: MILOU 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:

RONALD S KOCHMAN

(Name of Person)

KOCHMAN & ZISKA PLC

(Firm/Company)

222 LAKEVIEW AVE, STE 1500

(Address)

WEST PALM BEACH, FL 33401

(City/State and Zip Code)

For further information concerning this matter, please call:

RONALD S KOCHMAN

(Name of Person)

at (561) 802-8960

(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

MILOU LLC

2. The Articles of Organization were filed on 11/06/2009 and assigned
document number L09000107455

3. The delayed effective date the dissolution if not effective on the date of filing: 11/07/2013

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).

BOTH MEMBERS HAVE PASSED AWAY

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

RONALD S KOCHMAN

KOCHMAN & ZISKA PLC

222 LAKEVIEW AVENUE, ST 1500

WEST PALM BEACH, FL 33401

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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

Printed Name

RONALD S KOCHMAN

FILING FEE: \$25.00