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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:

Registration Section Division of Corporations

SURJECT

Mililani Sports 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:

Norinne Quinsaat
(Name of Person)
Mililani Sports LLC
(Firm/Company)
8260 NW 69th Ave
(Address)
Tamarac, FI 33321
(City/State and Zip Code)

For further information concerning this matter, please call:

Norinne Quinsaat	954 ₂₀₃₆₅₅₄	
(Name of Person)	(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 liabilit Mililani Sports LLC	y company is	
2.	The Articles of Organization	were filed on 11/16/2009	and assigned
	document number L09000110	195	
	Note: If the date inserted in the listed as the document's effecti	is block does not meet the applicable stative date on the Department of State's reco	utory filing requirements, this date will not bords.
4.	A description of occurrence t 605.0707, Florida Statutes. (c	hat resulted in the limited liability coopy 605.0707 on back cover letter).	ompany's dissolution pursuant to section
	Company No longer exists in Flo	orida	ARY OF STATE SSEE, FLORID
5.	If there are no members, enter activities and affairs:	r the name and address of the person Norinne Quinsaat 8260 NW 69th Ave.,	appointed to wind up the company's Tamarac, FI 33321
		-	
6. lis	Signature of an authorized pasted above to wind up the com-	erson or if there are no members, the pany's activities and affairs:	signature of the person appointed and
\geq	Von Je	Norinne Qui	
	Signature	FILING FEE: \$25.00	Printed Name