

L10000046197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

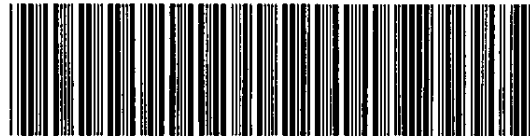
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 NOV 12 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIRANDEX 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:

DEXTER ALI

(Name of Person)

MIRANDEX LLC

(Firm/Company)

8139 NW 17th MANOR

(Address)

PLANTATION FL 32322

(City/State and Zip Code)

For further information concerning this matter, please call:

DEXTER ALI

(Name of Person)

at (954) 601 7165

(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

FILED

2014 NOV 12 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

MIRANDEX LLC

2. The Articles of Organization were filed on APRIL 29, 2010 and assigned

document number L10000046197

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).

LACK OF BUSINESS/CLIENT

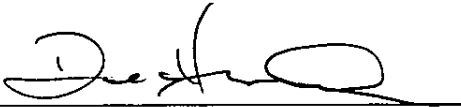
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

DEXTER ALI

8139 NW 17th MANOR

PLANTATION FL 33322

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

DEXTER ALI

Printed Name

FILING FEE: \$25.00