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(Requestor's Name)					
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(Business Entity Name)					
(Document Number)					
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Special Instructions to Filing Officer:					

Office Use Only



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SECRETARY OF STATE

W. S.W.

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

Mirandus Records, 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:

Angela Shea Graham

(Name of Person)

Mirandus Records, LLC

(Firm/Company)

11663 NE 72nd Blvd.

(Address)

The Villages, FL 32162

(City/State and Zip Code)

For further information concerning this matter, please call:

Angela S Graham

-

303-428

2016

(Name of Person)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

(Area Code & Daytime Telephone)

S55.00 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 liabil Mirandus Records, LLC	ity company is		·
2.	The Articles of Organization	n were filed on July 11, 2	2011	_ and assigned
	document number L1100007	79364	_	
3.		his block does not meet the	applicable statutory filing	2: April 1, 2016 document is received for filing) requirements, this date will not
4.	A description of occurrence 605.0707, Florida Statutes, (that resulted in the limit copy 605.0707 on back of	ed liability company's dicover letter).	issolution pursuant to section
	Dissolution of corporation was	duly approved by the share	eholders.	
5.	If there are no members, ent	er the name and address	of the person appointed	
	activities and affairs:	Angela S Graham		
				AM P
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				TO FOR
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				전 2 전 2
6. lis	Signature of an authorized pated above to wind up the con	person or if there are no r npany's activities and af	nembers, the signature o	f the person appointed and
0	Inala Sha Gra	dan	Angela S Graham	
	Signature		Drinter	Nama

FILING FEE: \$25.00