

L110 000 99789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

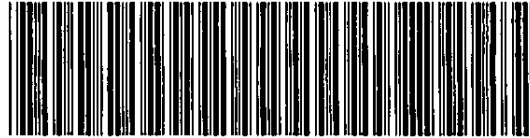
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900288381929

08/01/16--01023--015 \*\*55.00

FILED  
16 SEP -7 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 15 2016  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **MCDROID 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:

**MIGUEL CABEZA**

(Name of Person)

(Firm/Company)

**637 S SEMORAN BLVD SUITE A**

(Address)

**ORLANDO, FL 32807**

(City/State and Zip Code)

For further information concerning this matter, please call:

**MIGUEL CABEZA**

(Name of Person)

**407 860-2827**

at (

) (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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 25, 2016

MIGUEL CABEZA  
637 S SEMORAN BLVD SUITE A  
ORLANDO, FL 32807

SUBJECT: MACDROID LLC  
Ref. Number: L11000099789

2016 SEP -7 PM 5:07  
TALLAHASSEE, FLORIDA

We have received your document for MACDROID LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The Notice of Dissolution must contain a description of information that should be included in a written claim.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 116A00016333

FILED  
16 SEP -7 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 3, 2016

MIGUEL CABEZA  
637 S SEMORAN BLVD SUITE A  
ORLANDO, FL 32807

SUBJECT: MACDROID LLC  
Ref. Number: L11000099789

2016 AUG 22 PM 3:59  
TALLAHASSEE, FLORIDA

We have received your document for MACDROID LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Notice of Dissolution must contain a description of information that should be included in a written claim.

Date of filing is missing and need correct document number.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 116A00016333

FILED  
16 SEP -7 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
MACDROID LLC

2. The Articles of Organization were filed on 08-31-2011 and assigned  
document number CC1435354051 / L11000099789

3. The delayed effective date the dissolution if not effective on the date of filing: 07/31/2016  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be  
listed as the document's effective date on the Department of State's records.

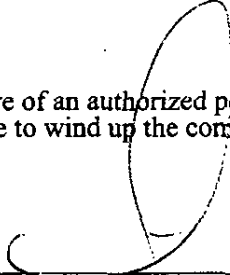
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).  
NO LONGER ACTIVITY UNDER THE NAME OF THE BUSINESS

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

1343 LAKE BISCAWAY WAY

ORLANDO, FL 32824

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

Miguel Cabeza

Printed Name

08-16-2016

**FILING FEE: \$25.00**

16 SEP -7 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

011510