

212006116705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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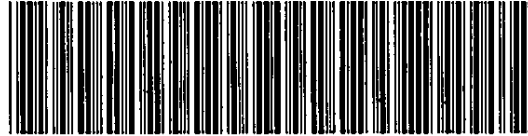
(Business Entity Name)

(Document Number)

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11:16:00  
16 APR 28 AM 7:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

APR 29 2016  
J SHIVERS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MOGA 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:

OLIVIA LABELLA

(Name of Person)

MOGA LLC

(Firm/Company)

395 N.E. 130TH STREET

(Address)

NORTH MIAMI FL 33161

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL LABELLA

(Name of Person)

at ( 786 ) 3026777

(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  
MOGA LLC

2. The Articles of Organization were filed on AUGUST 27, 2012 and assigned  
document number L12000110705

3. The delayed effective date the dissolution if not effective on the date of filing: MARCH 1ST 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).  
COMPANY SHUT DOWN

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

395 N.E. 130 STREET

FL 33161 NORTH MIAMI

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:

Labelle Olivia Hilary  
Signature

LABELLA OLIVIA HILARY  
Printed Name

**FILING FEE: \$25.00**

FILED  
16 APR 28 AM 7:58  
SECRETARY OF STATE  
ALLAHABAD, FLORIDA