113/10/035902

(Requestor	s Name)	
(Address)		
(Address)		
(City/State/	Zip/Phone #)	
PICK-UP	VAIT MAIL	
(Business E	Entity Name)	
(Document Number)		
Certified Copies C	ertificates of Status	
Special Instructions to Filing Officer:		

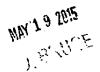
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Melro, 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:		
Shunit Roth		
(Name of Person)		
Good Future		
(Firm/Company)		
11329 SW 109 RD UNIT C		
Miami, FL: 33176		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Shunit Roth at 305, 298-3076		
(Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
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: STREET/COURIER ADDRESS: Registration Section Registration Section		
Division of Corporations Division of Corporations Division of Corporations		
P.O. Box 6327 Clifton Building Tallahassee, Fl. 32314 2661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is Melro, LLC	•
2. The Articles of Organization were filed on <u>Nacch</u>	8, 2013 and assigned
document number <u>L13000035902</u>	
3. The delayed effective date the dissolution if not effective (effective date cannot be prior to or more than	on the date of filing: 90 days later than date document is received for filing)
4. A description of occurrence that resulted in the limited lia 605.0707, Florida Statutes, (copy 605.0707 on back cover	ability company's dissolution pursuant to section letter).
All business operations ceased	1 as of December 31,2014
as consented to by the LLC	L's sole Member, Shunit
Roth	25 John Marie John Marie
THOTAL.	
5. If there are no members, enter the name and address of th	e person appointed to wind up the company's
activities and affairs:	
Approximate the second	
	A S 2
	Per ₹ T
6. Signature of an authorized person or if there are no memblisted above to wind up the company's activities and affairs:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	F _E S ₀
	Shunit Rot語。
Signature	Printed Name

FILING FEE: \$25.00