

L1300000646027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

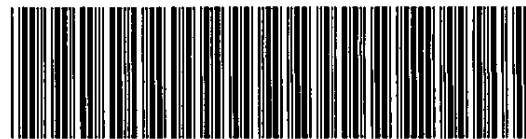
(Business Entity Name)

(Document Number)

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04/14/14--01020--006 \*\*55.00

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2014 APR 14 PM 1:14  
CLERK OF STATE  
TALLAHASSEE FLORIDA

APR 16 2014

J. BRUCE

EFFECTIVE DATE 04/20/14

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cyndi's MILESTONES LLC

**DOCUMENT NUMBER:** L13000064627

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cynthia Mau  
(Name of Contact Person)

\_\_\_\_\_  
(Firm/Company)

6786 BURNING TREE AVE  
(Address)

Cocoa, FL 32926  
(City/State and Zip Code)

For further information concerning this matter, please call:

Cynthia Mau at ( 321 ) 302-1133  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee    ☒ \$30 Filing Fee & Certificate of Status    ☒ \$55 Filing Fee & Certified Copy  
(Additional copy is enclosed)    ☐ \$60 Filing Fee & Certificate of Status & Certified Copy  
(Additional copy is enclosed)

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment 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

Cyndi's Milestones LLC

2. The Articles of Organization were filed on 21 May 2013 and assigned  
document number L13000064627

3. The delayed effective date the dissolution if not effective on the date of filing: 4-20-2014

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).

Extreme lifetime <sup>changing</sup> events have happened  
and I am unable to continue doing this  
job.

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

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

Printed Name

Cynthia L. Mau

Cynthia L. Mau

FILING FEE: \$25.00

CLERK OF STATE  
TALLAHASSEE, FLORIDA

2014 APR 14 PM 1:14

FILED

EFFECTIVE DATE

04/20/14