

L13000149828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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01/21/14--01005--004 **25.00

2014 JAN 21 PM 11:55
TALLAHASSEE, FLORIDA

JAN 24 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Micron Devices, 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:

Marcia Peterson

(Name of Person)

Stimwave Technologies, Inc.

(Firm/Company)

420 Lincoln Road, Suite 365

(Address)

Miami Beach, FL 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

Marcia Peterson

(Name of Person)

at (352) 391-4777

(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

TALLAHASSEE, FL 32301

2014 JAN 21 PM 11:55

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


1. The name of a limited liability company is
Micron Devices, LLC
2. The Articles of Organization were filed on 10/24/13 and assigned
document number L13000149828
3. The delayed effective date the dissolution if not effective on the date of filing: _____
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).
We mistakenly set this company up as a Florida LLC. It should be registered as a foreign entity.

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

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



Marcia Peterson

FILING FEE: \$25.00

2014 JAN 21 PM 11:55
TALLAHASSEE, FLORIDA