13000161895

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| (National) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| (====================================== |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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AUG 1 3 2014

T. BROWN

COVER LETTER

TO:

Registration Section 'Division of Corporations

MIAMI NETWORK LLC

SUBJECT:

(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:

| ROSA ARACELLY BALAM MAY | Y |
|--|---|
| (Name | e of Person) |
| | |
| (Firm | /Company) |
| 79 SW 12TH ST, APPT # PH30 | 8 |
| (A | Address) |
| MIAMI/FLORIDA 33130 | |
| (City/State | e and Zip Code) |
| For further information concerning this matter, please call: | |
| ROSA ARACELLY BALAM MAY | 786 863-5728 |
| (Name of Person) | (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 | |
|--|--|
| | F DISSOLUTION FOR |
| A LIMITED LIA | ABILITY COMPANY |
| . The name of a limited liability company is | 10612 |
| MIAMI NETWORK,LLC | |
| 10.1 | PF DISSOLUTION FOR ABILITY COMPANY AUG 12 A |
| The Articles of Organization were filed on 19 N | and assigned |
| document number L13000161895 | |
| The deleved affective dote the dissolution if not | effective on the date of filing |
| (effective date cannot be prior to or | effective on the date of filing: more than 90 days later than date document is received for filing) |
| . A description of occurrence that resulted in the li | imited liability company's dissolution pursuant to section |
| 605.0707, Florida Statutes, (copy 605.0707 on ba | ck cover letter). |
| The consent of all the members. | |
| | |
| | |
| | |
| | |
| If there are no members, enter the name and addi | ress of the person appointed to wind up the company's |
| activities and affairs: | |
| | |
| | |
| | |
| | |
| | |
| Signature of an authorized person or if there are sted above to wind up the company's activities and | no members, the signature of the person appointed and d affairs: |
| Oan Dan | |
| the Marialty | ROSA ARACELLY BALAM MAY |
| Fignature | Printed Name |
| FILIN | G FEF: \$25.00 |

FILING FEE: \$25.00