

L14000014061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

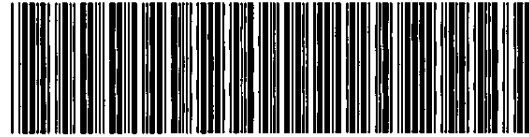
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/24/14--01005--010 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAR 24 PM 3:11

FILED

MAR 27 2014

CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mickey Services, 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:

Julio Izquierdo
(Name of Person)

(Firm/Company)

337 East 17 st
(Address)

Tallahassee, FL 33010
(City/State and Zip Code)

For further information concerning this matter, please call:

Julio Izquierdo at (781) 451-5810
(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

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TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

Mickey Services, LLC

2. The Articles of Organization were filed on 1-27-14 and assigned
document number L14000014061

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).

Company not going into business as an LLC.

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

Julio Izquierdo

337 E 17 st

Hialeah, FL 33010

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

Julio Izquierdo

Julio Izquierdo

FILING FEE: \$25.00

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