

L14000065418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

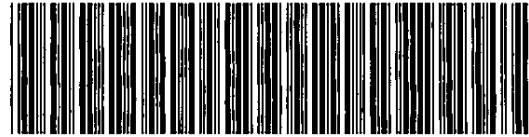
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7. 2014 JUL 29 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MIES 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:

ADRIANA CASANAS  
(Name of Person)

MIES LLC  
(Firm/Company)

9737 NW 41ST ST STE 982  
(Address)

DORAL FL 33178  
(City/State and Zip Code)

For further information concerning this matter, please call:

ADRIANA CASANAS at 786 459-1466  
(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. The name of a limited liability company is MIES LLC
2. The Articles of Organization were filed on 04/22/2014 and assigned document number L14000065418
3. The delayed effective date the dissolution if not effective on the date of filing; \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for 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).  
Resolved, that the affairs of the company have been concluded.  
Resolved, that there are no debts, obligations and liabilities of the company.  
Resolved, that there are no suits pending against the company.

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

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APR 22 2014  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

ADRIANA CASANAS  
Printed Name

**FILING FEE: \$25.00**