

L14 000 163256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

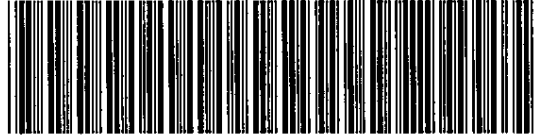
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIZINFISH, 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:

Gabriel Bodner
(Name of Person)

Nautilus Legal Services, P.A.
(Firm/Company)

1444 Biscayne Boulevard, Suite 306
(Address)

Miami, FL 33132
(City/State and Zip Code)

For further information concerning this matter, please call:

Gabriel Bodner, Esq. at (305) 514-0600
(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
MIZINFISH, LLC

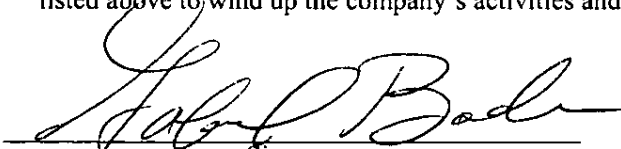
2. The Articles of Organization were filed on 6/27/2014 and assigned
document number L14000103256

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).
Partners decided not to enter into a business arrangement and therefore the company
is no longer necessary.

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

gabriel Bodner
Printed Name

FILING FEE: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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