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CRETARY OF STATE

DEC - 2 2014 T. CARTER

COVER LETTER

Registration Section
Division of Corporations

TO:

CR2E079 (2/14)

31

SUBJECT: MiA Enterprise Group, LLE	
(Name of Limited Liability Company)	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	
Michael Ayers (Contact Person)	
· MiA Enterprise Group, LLC	
(Firm/Company)	
5223 Noyes Lane	
(Address)	
Port Charlotte, FL 33981	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Michael Ayers at (575) 430-96/9 (Name of Contact Person) (Area Code & Daytime Telephone Num	
(Name of Contact Person) (Area Code & Daytime Telephone Num	ıber)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Tallahassee, Florida 32301	



FILED SECRETARY OF STATE TALLAHASSEE. FLORIDA

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	nited liability company as it ap A Enterprise Grou	pears on the records of the Florida Department
	ent/registration number assigno	ed to this limited liability company is:
3. The date this member	er/manager withdrew/resigned	or will withdraw/resign is: Oct. 20, 2016
	Ayers of Person Resigning)	
AMBR (Pri	int Title)	
of this limited liabilit		ited liability company has been notified of my
Michael an	yers	
	ciating Member or Resigning	Manager
Filing Fee: Certified Copy:	•	