

LI 50000 67462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

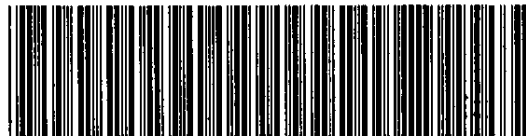
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/27/16--01013--010 \*\*25.00

16 MAY 27 AM 7:14  
STATE DEPT OF STATE  
FALLS CHURCH, VIRGINIA

JUN 01 2016  
J SHIVERS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MIAMI INTERNATIONAL EXCHANGE 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:

YARITZA LOPEZ

(Name of Person)

MIAMI INTERNATIONAL EXCHANGE LLC

(Firm/Company)

7201 NW 79 TERR

(Address)

MIAMI, FL, 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

YARITZA LOPEZ

(Name of Person)

at ( 786 ) 286 0402

(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  
MIAMI INTERNATIONAL EXCHANGE LLC

2. The Articles of Organization were filed on 04/17/2015 and assigned  
document number L15000067462

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)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be  
listed as the document's effective date on the Department of State's records.

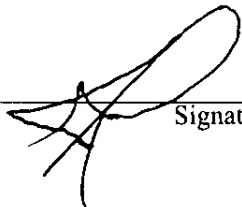
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

THE COMPANY IS NOT ABLE TO KEEP DOING BUSSINES FOR FINANCE'S REASONS

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

7311 NW 36 ST ,MIAMI,FL ,33166

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

YARITZA LOPEZ

Printed Name

**FILING FEE: \$25.00**

16 MAY 27 AM 7:14  
RECEIVED  
MAY 14 2015  
STATE OF FLORIDA