10/18/21, 2:12 PM

Division of Corporations

# Division of Corporations Division of Corporations Division of Corporations Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BARBOSA LEGAL Account Number : I20110000049 Phone : (305)501-4680

Fax Number

: (305)359-9543

# LLC DISSOLUTION OR WITHDRAWAL MIA GLOBAL, LLC

| Certificate of Status | 1       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$30.00 |

2021 OCT 18 PH 1: 23 SECRETARY OF STATE ALLAHASSEE, FLORIDA

OCT 1 9 2021

S. PRATHER

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# (((H21000387716 3)))

# COVER LETTER

|   | Registration Section<br>Division of Corporations   |   |  |  |  |  |
|---|--|---|--|--|--|--|
| SUBIFC                                      | MIA Global LLC                                     |   |  |  |  |  |
| SUBJECT:(Name of Limited Liability Company) |  |   |  |  |  |  |
| The enclo                                   | used Articles of Dissolution and fee(s) are submit | ted for filing.   |  |  |  |  |
| Please ret                                  | turn all correspondence concerning this matter to  | the following:  |  |  |  |  |
|   | Ileana L. York                                     |   |  |  |  |  |
|   | (Name of Person)                                   |   |  |  |  |  |
|   | Barbosa Legal                                      |   |  |  |  |  |
|   | (Firm/Company)                                     |   |  |  |  |  |
|   | 407 Lincoln Road PH-NE                             |   |  |  |  |  |
|   |  | Address   |  |  |  |  |
|   | Miami Beach, FL 33125                              |   |  |  |  |  |
|   | (City/Sta  | ate and Zip Code)   |  |  |  |  |
| For furth                                   | er information concerning this matter, please call | :   |  |  |  |  |
|   | Ileana York  | 305 501-4680  |  |  |  |  |
|   | (Name of Person)                                   | (Area Code & Daytime Telephone Number)  |  |  |  |  |
| Enclosed                                    | is a check for the following amount:               |   |  |  |  |  |
| i   | \$25.00 Filing Fee and Certificate of Dissolution  | ☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) |  |  |  |  |
|   | Mailing Address:<br>Registration Section           | Street Address: Registration Section  |  |  |  |  |
|   | Division of Corporations P.O. Box 6327             | Division of Corporations The Centre of Tallahassee  |  |  |  |  |
|   | Tallahassee, FL 32314                              | 2415 N. Monroe Street, Suite 810<br>Tallahassee, FL 32303                                       |  |  |  |  |

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

|   |  | A LIMITED LIABILITY   | Y COMPANY  | SEE SEE                            |  |  |
|---|--|---|--|------------------------------------|--|--|
| l.  | The name of a limited liabil   | lity company is   |  | PH 1: 23<br>OF STATE<br>5. FLORIDA |  |  |
|   |  | <del></del>   |  | - <del>2</del> 2                   |  |  |
| 2.  | The Articles of Organizatio  | n were filed on   | and assigned                                     | •                                  |  |  |
|   | document number L150000  | 283603  |  |                                    |  |  |
| 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 605.0707, Florida Statutes,  | that resulted in the limited lia<br>copy 605.0707 on back cover | ability company's dissolution pursus<br>letter). | int to section                     |  |  |
|   | All members consent to the di  | ssolution of the company.                                       |  |                                    |  |  |
|   | All members consent to the dis   | solution of the company.  |  | · <del>- · ·</del>                 |  |  |
|   | All members consent to the dis   | solution of the company.  |  | ·                                  |  |  |
|   |  |   |  |                                    |  |  |
| 5. If there are no members, enter the name and address of the person appointed to wind up t activities and affairs:    Ileana York of Barbosa Legal |  |   |  | ompany's                           |  |  |
|   |  | 407 Lincoln Road PH-NE  |  |                                    |  |  |
|   |  | Miami Beach, FL 33139   |  |                                    |  |  |
|   |  |   |  |                                    |  |  |
| 6.<br>ab  | Signature of an authorized pove to wind up the company   | person or if there are no memb<br>'s activities and affairs:    | pers, the signature of the person app            | ointed and listed                  |  |  |
|   | Marse Youk   | Ile   | ana York, Legal Representative                   |                                    |  |  |
|   | Signature  |   | Printed Name                                     | <del></del>                        |  |  |

**FILING FEE: \$25.00** 

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## (((H21000387716 3)))

## Notice of Limited Liability Company Dissolution

#### NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

| Name of Limited Liability Company: MIA Global LLC   |  |                      |
|---|--|----------------------|
|   | 00083603   |                      |
| Date of dissolution was:  |  |                      |
| Description of information that must be included in a writte  | en claim:  |                      |
| Claim must be in writing and state the name and contact informs   | ition of the party making the claim and detailed |                      |
| allegations.  |  |                      |
|   |  |                      |
|   |  |                      |
|   |  |                      |
| Mailing address where claims can be sent: (Claims cannot  | T <sub>C</sub>                                   | 202                  |
| Barbosa Legal, 407 Lincoln Road, PH-NE, Miami Bea   | ch, FL 33139 PR                                  | 1 OCT                |
|   |  | 2021 OCT 18 PM 1: 23 |
|   |  | 70 .                 |
|   |  | 1: 23                |
| A claim against the above named limited liability company<br>claim is commenced within 4 years after the filing of this r |  |                      |
|   | <i>γ</i> 1 .                                     |                      |
| Ileana York   | _ Clara your_                                    |                      |
| Printed Name of the Person Filing   | Signature of the Person Filing                   |                      |

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00 (((H21000387716 3)))