

L15000157539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

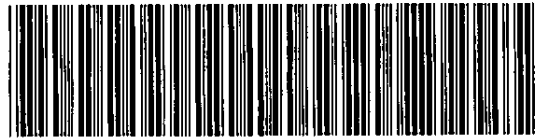
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500284565775

04/14/16--01024--013 **55.00

FILED
16 APR 14 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 15 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIALL 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:

Jean Todaro
(Name of Person)

(Firm/Company)

P.O. Box 5044.
(Address)

Englewood FL 34224.
(City/State and Zip Code)

For further information concerning this matter, please call:

Jean Todaro at (941) 697-1100.
(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

MIALL LLC.

2. The Articles of Organization were filed on 9-16-15 and assigned

document number L15000157539

3. The delayed effective date the dissolution if not effective on the date of filing: 12-16-15
(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.

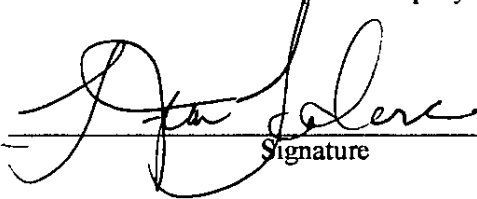
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

No Active operations

No Active employees.

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

T. JEAN TODARO.
Printed Name

FILING FEE: \$25.00

FILED
16 APR 14 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA