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(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
(Document Number)			
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JAN 3 0 2017 S. YOUNG TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: MIKIES , LL (Name of Limited Lia	ability Company)			
The enclosed Articles of Dissolution and fee(s) are submitted for	·			
Please return all correspondence concerning this matter to the fo	llowing:			
Kara Floyd	·			
(Name of Person)				
(Firm/Com	npany) 23 344676			
PO BOX 523				
PO BOX 523 (Address)				
PO BOX 523 (Address) BrookSVIIIE FL 34605 (City/State and Zip Code)				
(City/State and	Zip Code)			
For further information concerning this matter, please call:				
Kara Floyd	at (362) 238 - 8705 (Area Code & Daytime Telephone Number)			
(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	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building			
Tallahassee, FL 32314	 2661 Executive Center Circle 			

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is				
	Magic Milkies, LLC				
	·				
2.	2. The Articles of Organization were filed on March 4, 2016 and assigned				
	document number <u>L 16 0000 4 5 4 84</u>				
3.	The delayed effective date the dissolution if not effective on the date of filing: 12/31/2010 (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 listed as the document's effective date on the Department of State's records.	be			
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).	n			
	We moved and no longer have a home that				
	can support the business.	SECRE			
	27	155,41 185,41			
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:	DF STATE			
	2094 Lema Dr	Um. . ∵ec.			
	Spring Holl, FL 34609				
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:				
U	Lara Spess Abyd Signature Lara Spess Abyd Printed Name				
,	1 - 0				
	FILING FEE: \$25.00				

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:	
Document number of Limited Liability Company is:	
Date of dissolution was:	
Description of information that must be included in a written	claim:
	at .
	<u>N</u>
	P
	72
	<u></u> _
Mailing address where claims can be sent: (Claims cannot be	<u> </u>
A claim against the above named limited liability company w claim is commenced within 4 years after the filing of this not	ill be barred unless a proceeding to enforce the
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