# 117000135420

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Dc	ocument Number)	<del>.</del>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

## KEEP UP MIAMI LLC

SUBJECT:

(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:

LUIS R. SMITH

(Name of Person)

TAXES USA LLC

(Firm/Company)

11402 NW 41ST STREET SUITE 211

(Address)

DORAL, FL 33178

(City/State and Zip Code)

For further information concerning this matter, please call:

LUIS R. SMITH

,,305 \4702429

(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

l.	The name of a limited liability company is  KEEP UP MIAMI LLC
2.	The Articles of Organization were filed on and assigned
	document number L17000135620
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 oscition 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
	DECISION OF THE MANAGER MEMBER
	<u></u>
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. li:	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the dompany's activities and affairs:
/ 	VALERIA LARCO
	/ Signature Printed Name