

48000076242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

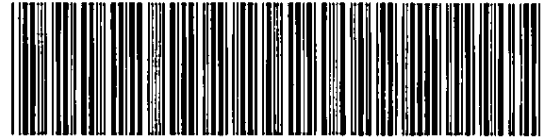
(Business Entity Name)

(Document Number)

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R. WHITE

MAR 17 2020

FREDERICK R. MACLEAN  
ANNE B. MACLEAN  
CHRISTOPHER J. EMA  
LAURA G. MACLEAN  
BRIAN V. BERGMAN  
ADAN A. AULET, JR.\*  
AIMEE K. ARCE

\* ALSO ADMITTED IN ILLINOIS

**MACLEAN & EMA P.A.**  
Attorneys and Counselors at Law

February 25, 2020

SENT VIA FEDERAL EXPRESS  
TRACKING NO. 7778 5657 4949

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 North Monroe Street  
Suite #810  
Tallahassee, FL 32303

**Re: Josh Miller Family, LLC**  
**Document No. L18000076242**

Gentlemen:

Enclosed please find "Articles of Dissolution," and a "Notice of Limited Liability Company Dissolution," for the above referenced entity. Please file these documents appropriately. Also enclosed is our check in the amount of \$25.00, as the filing fee for same.

Should you have any questions regarding this transmittal, please do not hesitate to contact me.

Very truly yours,



Karen E. Kennedy  
Legal Assistant

/kek

Enclosures: as noted

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

1. The name of a limited liability company is  
JOSH MILLER FAMILY, LLC

2020.03.26 11:17:19

2. The Articles of Organization were filed on March 22, 2018 and assigned  
document number L18000076242

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).  
Unanimous written consent of all the members.

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)

Bruce Miller, Manager

Printed Name

**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: JOSH MILLER FAMILY, LLC

Document number of Limited Liability Company is: L18000076242

Date of dissolution was: \_\_\_\_\_

Description of information that must be included in a written claim:

All claims must be presented in writing and must contain sufficient information to reasonably inform the

Company of the identity of the claimant, the value of the claim, the substance of the claim, and the date the claim  
arose.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Josh Miller Family, LLC

c/o MacLean and Ema, P.A.

2600 N.E. 14th Street Causeway

Pompano Beach, FL 33062

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Bruce Miller, Manager

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**