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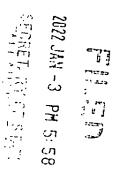
(Requestor's I	Name)
(Address)	
(Address)	
(City/State/Zip	/Phone #)
PICK-UP W	AIT MAIL
(Business Ent	ity Name)
(Document No	umber)
Certified Copies Cert	ificates of Status
Special Instructions to Filing Office	er:
	O. SILAS
	113122
Office U	Jse Only



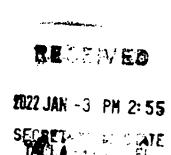
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01/04/22--01034--001 **25.00







December 2, 2021

ALZIRA E BEZERRA 3801 MCKINNON RD WINDERMERE, FL 34786

SUBJECT: MIRANDA RESTORATION LLC

Ref. Number: L19000102474

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document. Section 605.0712, Florida Statutes, requires a Notice of Limited Liability Company Dissolution contain a description of the information that must be included in a claim.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas Regulatory Specialist II

Letter Number: 821A00028930

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Milanda Rosto (Name of Lin	nited Liability Company)
The enclosed Articles of Dissolution and fee(s) are sub-	nitted for filing.
Please return all correspondence concerning this matter	to the following:
Milanda Resta 4515 Shoses Metarie LA	Sezerra Shirley I Taylor Name of Person) Station (LC Firm/Company) Dr. Ste 202 (Address) 7-CCOC (State and Zip Code)
(4.4)	•
For further information concerning this matter, please c	all:
Shirley de (Name of Person)	at (850) 2076883 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee and Certificate of Dissolution	S55.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2022 JAN -3 PM 5: 58

1.	Myanda Restoration UC SECRETARY OF STATE
2.	The Articles of Organization were filed on
	document number <u>L 19000102474</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: 1000 (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 doing business anymore
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. al	. Signature of an authorized person or if there are no members, the signature of the person appointed and listed bove to wind up the company's activities and affairs:
	Olyrie 6. Bigerie Alzra Bezecia Printed Name

FILING FEE: \$25.00