

3/8/23, 10:05 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L21000515559**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : KOONTZ & ASSOCIATES, PL  
Account Number : I20220000183  
Phone : (941)225-2615  
Fax Number : (941)951-2618

**LLC DISSOLUTION OR WITHDRAWAL****MIA2803, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

**RECEIVED**

2023 MAR -8 AM 11:20

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CORPORATIONS  
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2023 MAR -8 AM 10:58

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MIA2803, 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:

JACQUELINE M. DURHAM, ESQ.

\_\_\_\_\_  
(Name of Person)

KOONTZ & ASSOCIATES, PL

\_\_\_\_\_  
(Firm/Company)

1613 FRUITVILLE RD.

\_\_\_\_\_  
(Address)

SARASOTA, FL 34236

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call.

JACQUELINE M. DURHAM

\_\_\_\_\_  
(Name of Person)

941

225-2615

at (\_\_\_\_\_) \_\_\_\_\_

(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 Address:**

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

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

1. The name of a limited liability company is

MIA2803, LLC

2. The Articles of Organization were filed on DECEMBER 6, 2021 and assigned

document number L21000515559

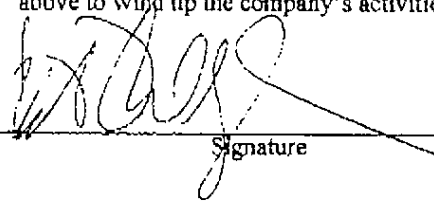
3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, 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).

PURSUANT TO CONSENT OF ALL 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

VICTORIA PERLA GUAGLIARDO

Printed Name

**FILING FEE: \$25.00**

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**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: MIA2803, LLC

Document number of Limited Liability Company is: L21000515559

Date of dissolution was: February 9, 2023

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

(i) creditor or claimant name, account or vendor number (if applicable); (ii) date of order, transaction, or occurrence resulting in  
claim; (iii) outstanding balance due to creditor or claimant (including interest and fees, if applicable); (iv) copy of contract or  
other summary of terms between Company and creditor/claimant; (v) copy of invoice from creditor or claimant for subject  
claim (if applicable); (vi) contact information for creditor or claimant, including telephone number, email, mailing address  
and designated manager or officer of creditor with authority to discuss claim.

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

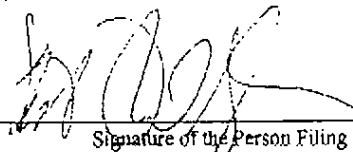
77 HUDSON ST., #4803

JERSEY CITY, NJ 07302

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.

VICTORIA PERLA GUAGLIARDO

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**

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