

A09000000777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000265727190

RECEIVED  
DEPARTMENT OF STATE  
14 DEC 30 AM 10:48

FILED  
14 DEC 30 AM 10:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 31 2014

T. HAMPTON

ACCOUNT NO. : I20000000195

REFERENCE : 443249 4328337

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$105.00

ORDER DATE : December 30, 2014

ORDER TIME : 10:22 AM

ORDER NO. : 443249-005

CUSTOMER NO: 4328337

DOMESTIC FILINGS

NAME: PMLSKINCARE, LLLP

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PMLSKINCARE, LLLP  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Marlene Marsh  
(Contact Person)

c/o Cohen & Grigsby, P.C.  
(Firm/Company)

625 Liberty Avenue, 5th Floor  
(Address)

Pittsburgh, PA 15222-3152  
(City, State and Zip Code)

For further information concerning this matter, please call:

Marlene Marsh at ( 412 ) 297-4993  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee<br>and Certificate of<br>Status | <input checked="" type="checkbox"/> \$105.00 Filing Fee<br>and Certified Copy | <input type="checkbox"/> \$113.75 Filing Fee,<br>Certified Copy, and<br>Certificate of Status |
|---|---|---|---|

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**CERTIFICATE OF DISSOLUTION  
FOR**

PMLSKINCARE, LLLP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on November 9, 2009, assigned Florida document number A09000000777, hereby submits this Certificate of Dissolution.

**FIRST:** Reason for dissolution: (State why partnership is submitting dissolution)

The limited liability limited partnership will no longer doing business as of  
December 31, 2014 at 11:59 p.m.

**SECOND:** ☐ A Notice of Dissolution is attached.  
(Check box if attached.)

**THIRD:** Effective date, if other than the date of filing: December 31, 2014 at 11:59 p.m.

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signatures of each general partner or the person appointed pursuant to  
s. 620.1803(3) or (4), F.S.:  
KGL Solutions, LLLP

By: Klaus Lederer, General Partner of KGL Solutions, LLLP

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75

**FILED**  
14 DEC 30 AM 10:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA