

L040000028279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

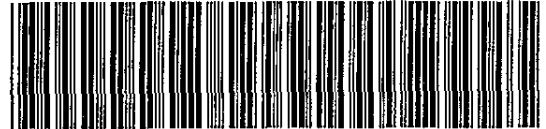
(Document Number)

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

Special Instructions to Filing Officer:

L04-28279

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12/20/04--01019--007 \*\*25.00

2004 DEC 20 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

COSMEDX, LLC  
120 Barks Dr.  
Fort Walton Beach, FL 32547  
Phone (850)862-5240

To,  
Division of Corporations:

The members of Cosmedx, LLC, Neelam Moraczewski and Anne Ziegenhorn, has decided to dissolve the company, as of Dec. 31, 2004. The damage to our work place, due to hurricane Ivan, has made it impossible for us to continue with our business! Enclosed is a check for \$25.00 for the filing fee!

Thank You,

*N. Moraczewski*  
Neelam Moraczewski

*Dec. 15, 2004*

2004 DEC 20 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. The name of the limited liability company is

COSMED X, LLC

2. The date the dissolution was approved: DEC. 31, 2004

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

Hurricane IVAN

4. **CHECK ONE:**

☐ All debts, obligations and liabilities of the limited liability company have been paid or discharged.

-OR-

☒ Adequate provision has been made for the debts, obligations and liabilities pursuant to section 608.441.

5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

6. **CHECK ONE:**

☒ There are no suits pending against the company in any court.

-OR-

☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Typed or Printed name

N. Moraczewski  
Anne Ziegenhorn

NEELAM MORACZEWSKI  
Anne Ziegenhorn

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COSMEDX 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:

NEELAM MORACZEWSKI  
(Name of Person)

COSMEDX, LLC  
(Firm/Company)

120 BARKS DR.  
(Address)

FORT WALTON BEACH, FL. 32547  
(City/State and Zip Code)

For further information concerning this matter, please call:

NEELAM MORACZEWSKI at (850) 862-5688  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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