

LOFO00093275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

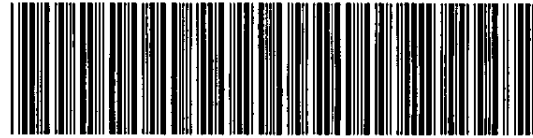
(Business Entity Name)

(Document Number)

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

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14 DEC 17 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

UP  
12/31

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bare Smooth, 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:

Jim Farah

(Name of Person)

The Farah Law Group

(Firm/Company)

6550 St. Augustine Road, Suite 103

(Address)

Jacksonville, Florida 32217

(City/State and Zip Code)

For further information concerning this matter, please call:

Jim Farah

(Name of Person)

904

at ( )

443-0060

(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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

1. The name of a limited liability company is

Bare Smooth, LLC

2. The Articles of Organization were filed on 10/01/2008 and assigned

document number L08000093275

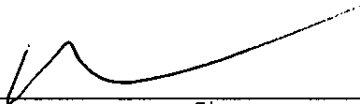
3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2014  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

The written consent and approval 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 listed above to wind up the company's activities and affairs:



Signature

Hale Hedley

Printed Name

**FILING FEE: \$25.00**

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14 DEC 17 AM 11:58  
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