L09000050414

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| (Only/Otate/Zip/Filode #) | | | |
| PICK-UP WAIT MAIL | | | |
| | | | |
| (Business Entity Name) | | | |
| | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



000161029490

09/30/09--01031--014 **30.00

O9 SEP 30 AM 10: 46
SECRETARY OF STATE
TALLAHASSEE. FLORID

COVER LETTER

| то: | Registration Section Division of Corporations | | |
|--|---|--|--|
| SUBJECT: Sophie's Secret, 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: | | | |
| | Barbara Kurish | | |
| (Name of Person) | | | |
| Sophie's Secret, LLC | | | |
| (Firm/Company) | | | |
| 3473 S.W. Oar Court | | | |
| (Address) | | | |
| Palm City, Florida 34990-1847 | | | |
| (City/State and Zip Code) | | | |
| For further information concerning this matter, please call: | | | |
| | Barbara Kurish _{at (} 772) 463-5305 | | |
| | (Name of Person) (Area Code & Daytime Telephone Number) | | |
| Enclosed is a check for the following amount: | | | |
| \$2 5.0 | 30.00 Filing Fee & S55.00 Filing Fee & Sentificate of Status Certified Copy (additional copy is enclosed) Sentificate of Status & 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

FILED

09 SEP 30 AM 10: 46

SECRETARY OF STATE

| 1. The name of a limited liability company is Sophie's Secret, LLC | TALLAHASSEE. FLORIDA |
|--|--|
| 2. The Articles of Organization were filed on May 26 L09000050414 | 6, 2009 and assigned document number |
| 3. The date the dissolution was approved: September | er27, 2009 |
| 4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back cover Partner opted out of the business | |
| | |
| □-OR- | nited liability company have been paid or discharged. bts, obligations and liabilities pursuant to s. 608.4421. |
| | ed among its members in accordance with their respective |
| 7. CHECK ONE: | |
| ✓ There are no suits pending against the comparation of the comparation of | ny in any court. iisfaction of any judgment, order or decree which may be |
| Signatures of the members having the same percentage of m | nembership interests necessary to approve the dissolution: |
| Signature | Printed Name |
| Loukus Kenish | Barbara Kurish |
| | |
| | |
| | - |