

LO9000074272

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(((H14000022961 3)))



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To: Division of Corporations
Fax Number : (850) 617-6383
From: Account Name : GUZMAN & GUZMAN, P.A.
Account Number : I20080000090
Phone : (305) 670-1991
Fax Number : (305) 670-1993

LLC DISSOLUTION OR WITHDRAWAL
SIMOWA LLC

Table with 2 columns: Item and Value. Rows include Certificate of Status (0), Certified Copy (0), Page Count (01), and Estimated Charge (\$25.00).

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GUZMAN & GUZMAN PA  
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January 30, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SIMOWA LLC  
16300 NE 19TH AVENUE  
SUITE A  
NORTH MIAMI BEACH, FL 33162US

SUBJECT: SIMOWA LLC  
REF: L09000074272

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Deborah Bruce  
Regulatory Specialist II

FAX Aud. #: E14000022961  
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ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is  
SIMOWA LLC

2. The Articles of Organization were filed on 08/03/2009 and assigned  
document number L09000074272

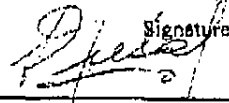
3. The delayed effective date the dissolution if not effective on the date of filing: 01/31/2014

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).  
100% OF THE MEMBERS AGREED TO FILE FOR A COMPLETE DISSOLUTION

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:

X   
\_\_\_\_\_  
Signature

Printed Name  
KESSLER, MARINA

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