# L100000 66922

(Requestor's Name	<b>3</b> )
(Address)	
(Address)	
(City/State/Zip/Pho	ne #)
PICK-UP WAIT	MAIL
(Business Entity N	ame)
(Document Numbe	er)
Certified Copies Certificat	es of Status
Special Instructions to Filing Officer:	
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Office Use Only



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08/21/14--01006--016 \*\*43.75

#### **COVER LETTER**

TO: Registration Section

Division of Corporations

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

Please return all correspondence concerning this matter to the following:

andrea De Genetice
(Name of Person)
Perfect Skin Care uc
(Firm/Company)
8843 Hidden Acres Or
Boznton Blacu Ft 33473
(City/State and Zip Code)
ation concerning this matter, please call:

For further inform

udrea DeCendria 1 75

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



September 10, 2014

ANDREA DEGENDICE 8843 HIDDEN ACRES DR BOYNTON BEACH, FL 33473

SUBJECT: PERFECT SKIN CARE, LLC

Ref. Number: L10000066922

We have received your document for PERFECT SKIN CARE, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 714A00019381

Tammy Hampton
Regulatory Specialist III

www.sunbiz.org

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is  Perfect SKin Care.
2.	The Articles of Organization were filed on $6/23/2010$ and assigned
	document number
3.	The delayed effective date the dissolution if not effective on the date of filing: <u>date of filing</u> (effective date cannot be prior to or more than 90 days later than date document is received for filing)
	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).
	no longer providing services (stun peels)
	at place of business. Orskyn care produc
	<b>,</b>
5.	If there are no members, enter the pame and address of the person appointed to wind up the company's
	activities and affairs: and alla Debeude
	8843 Hidder acres Dr
	Barto Bear K 33473
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
_/	Alye Andrea De Gendice
	Signature Printed Name

FILING FEE: \$25.00