

Division of Corporations

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# L11000/30595

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations  
 Fax Number : (850) 617-6383

From: Account Name : BEST PRO SERVICES INC  
 Account Number : 120140000068  
 Phone : (727) 504-1870  
 Fax Number : (727) 683-9500

### LLC DISSOLUTION OR WITHDRAWAL SHULGIN MANAGEMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SHULGIN MANAGEMENT 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:

SHULGIN, NIKOLAY

(Name of Person)

SHULGIN MANAGEMENT LLC

(Firm/Company)

189 GALEWOOD CIR

(Address)

SAN FRANCISCO, CA 94131

(City/State and Zip Code)

For further information concerning this matter, please call:

SHULGIN, NIKOLAY

(Name of Person)

at ( 727 ) 686-1481

(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

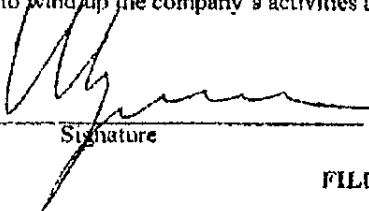
**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

- 1. The name of a limited liability company is  
SHULGIN MANAGEMENT LLC
- 2. The Articles of Organization were filed on 11/14/2011 and assigned  
document number L11000130595
- 3. The delayed effective date the dissolution if not effective on the date of filing:  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
- 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).  
SHULGIN MANAGEMENT LLC closed business

- 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:



Signature

SHULGIN, NIKOLAY

Printed Name

FILING FEE: \$25.00

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