

L11000145519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000280352930

000280352930
12/29/15--01008--007 **25.00

FILED

2015 DEC 28 A 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 30 2015

S MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: One By One Services
(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:

Robin S. Williams
(Name of Person)

N/A
(Firm/Company)

19220 N.W. 5th Ct.
(Address)

Miami, FL 33169
(City/State and Zip Code)

For further information concerning this matter, please call:

Robin S. Williams at 786 405-4767
(Name of Person) (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

One By One Services

2. The Articles of Organization were filed on Dec. 28th, 2011 and assigned
document number L11000145519

3. The delayed effective date the dissolution if not effective on the date of filing: Dec. 25th, 2015
(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).

The business has not been lucrative
over the years.

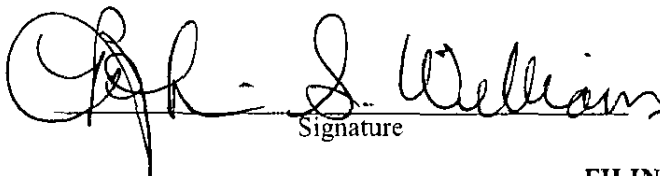
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:

Robin S. Williams

19220 N.W. 5th Ct.

Miami, FL 33169

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:

 Robin S. Williams
Signature Printed Name

FILING FEE: \$25.00

FILED
2015 DEC 28 A 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA