

L120000 84133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

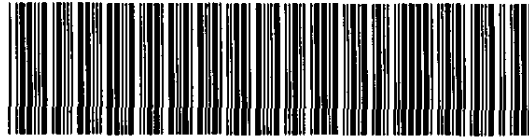
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/06/14--01003--030 \*\*25.00

2014 JAN -6 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

N. Culligan JAN 10 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: So Chyk Boutique, 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:

Yanelis Morales  
(Name of Person)

So Chyk Boutique, LLC  
(Firm/Company)

4460 NW 168th Terr  
(Address)

Miami Gardens, FL 33055  
(City/State and Zip Code)

For further information concerning this matter, please call:

Yanelis Morales at ( 305 ) 726-8419  
(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

FILED  
2014 JAN -6 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Dr. Chyk Barhivie, LLC

2. The Articles of Organization were filed on July 9, 2012 and assigned  
document number L12000089133

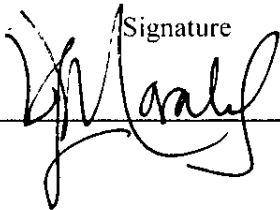
3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_

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).

No longer doing business. Closing down.

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  


Printed Name

Janelis Morales

FILING FEE: \$25.00