

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : LEVINE & PARTNERS, P.A.
Account Number : 074677001117
Phone : (305) 372-1350
Fax Number : (305) 372-1352

**LLC DISSOLUTION OR WITHDRAWAL
MZIA SHIMAN SKINCARE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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

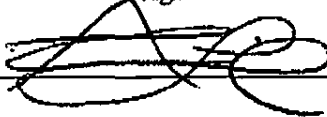
1. The name of a limited liability company is
Mzia Shiman Skincare, LLC
2. The Articles of Organization were filed on October 17, 2013 and assigned
document number L13000146565
3. The delayed effective date the dissolution if not effective on the date of filing: _____
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
Never used and formed in error.

5. If there are no members, enter the name and address of the person appointed to wind up the company
activities and affairs: Alan W. Levine, Esquire
1110 Brickell Avenue, Suite 700
Miami, FL 33131

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

Alan W. Levine**FILING FEE: \$25.00**