

L14000103738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

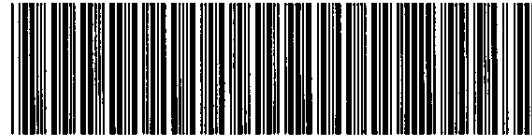
Special Instructions to Filing Officer:

D.S.S

Office Use Only

Signature ok per G-11.

✓



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14 JUL 28 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JUL 28 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SKBD, 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:

Kimberly Ann Wilde

(Name of Person)

(Firm/Company)

1332 SW 14th Avenue

(Address)

Boca Raton FL 33486

(City/State and Zip Code)

For further information concerning this matter, please call:

Kimberly Ann Wilde

(Name of Person)

561

at ()

368 3787

(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
SKBD, LLC
2. The Articles of Organization were filed on June 27, 2014 and assigned
document number L14000103738
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)
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).
decided not to proceed with business

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TALLAHASSEE, FLORIDA

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:

Kimberly
Ann Wilde

Digitally signed by Kimberly Ann
Wilde
DN: cn=Kimberly Ann Wilde, o, ou,
email=kawilde@bellsouth.net, c=US
Date: 2014.07.23 13:27:27 -0400

Signature

Kimberly Ann Wilde

Printed Name

FILING FEE: \$25.00