114000 163 883

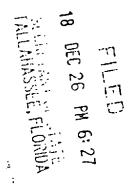
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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JAN 0 8 2019 S. YOUNG

COVER LETTER

TO:

Registration Section Division of Corporations

POWER TOOLS INTERNATIONAL LLC

SUBJECT

(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:

LUIS R. SMITH	
(Name of Person)	•
TAXES USA LLC	
(Firm/Company)	•
11402 NW 41ST STREET SUITE 211	- 15 12 - 25
(Address)	
DORAL, FL 33178	FILI DEC 26 Allassi
(City/State and Zip Code)	P. P. D
For further information concerning this matter, please call:	6: 27 0::16 0::10
LUIS R. SMITH 305 4702429	27 UA
(Name of Person) (Area Code & Daytime Telephone Num	iber)
To the discount for the following employee	

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

POWER TOOLS INTERNATIONAL LLC		·	
The Articles of Organization were filed on	10/21/2014	and assigned	
document number			
The delayed effective date the dissolution is (effective date cannot be price) Note: If the date inserted in this block does no listed as the document's effective date on the D	t meet the applicable statutory	f filing: 12/31/2018 an date document is received for filing) filing requirements, this date will not be	
A description of occurrence that resulted in 605.0707, Florida Statutes, (copy 605.0707	the limited liability compa on back cover letter).	ny's dissolution pursuant to section	
NO ACTIVITY			
		***	on PH
. If there are no members, enter the name an activities and affairs:	d address of the person app	ointed to wind up the company's	PM 6: 27
6. Signature of an authorized person or if the listed above to wind up the company's activi	ere are no members, the sign ties and affairs:	nature of the person appointed and	
	JOSE ALEJAN	DRO CHEDIAK	
		Printed Name	

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company:_	POWER TOOL		
Document number of Limited Liability	I 14	00016388	3
Document number of Limited Liability	Company is:		
Date of dissolution was: 12/31/2	2018		
Description of information that must b		claim:	
NO ACTIVITY			
	<u> </u>		ALC: DE
			C 28
			E. PH
			6: 2 LOR
Mailing address where claims can be s	sent: (Claims cannot be	sent to the Division	of Corporations)
			<u></u>
		<u> </u>	
A claim against the above named limi claim is commenced within 4 years af	ted liability company viter the filing of this not	vill be barred unless tice.	a proceeding to enforce the
JOSE ALEJANDRO	CHEDIAK	<u> </u>	
Printed Name of the Person Filin	ng	Signature	of the Person Filing