

L14100177312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

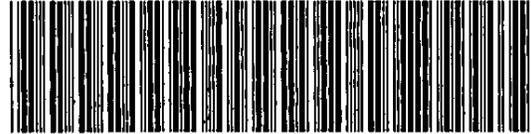
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 APR 22 P 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APR 20 2016
D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 APR 25 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 18, 2016

HERBERT CHARQUERO
13975 VORONICA CT
WELLINGTON, FL 33414

SUBJECT: SHAVINGS EXPRESS LLC
Ref. Number: L14000177392

We have received your document for SHAVINGS EXPRESS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 216A00005612

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shaving Express LLC

DOCUMENT NUMBER: L 14000 177 392

The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Herbert Charquero
(Name of Contact Person)

Shaving Express LLC
(Firm/Company)

13975 Veronica Ct
(Address)

Wellington FL 33414
(City/State and Zip Code)

For further information concerning this matter, please call:

Herbert Charquero at (561) 809-276-3426
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$25 Filing Fee | <input checked="" type="checkbox"/> \$30 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55 Filing Fee & Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$60 Filing Fee, Certificate of Status & Certified Copy
(Additional copy is enclosed) |
|--|---|--|---|

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

Shaving Express LLC

2. The Articles of Organization were filed on _____ and assigned

document number L 14000 177 392

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)

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).

This LLC was never worked on
it sat silent for 1 year

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

Herbert Charquero
13975 Veronica
Wellington FL 33414

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:

Herbert Charquero
Signature

HERBERT CHARQUERO
Printed Name

FILING FEE: \$25.00

FILED
APR 22 10 31 AM '16
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TALLAHASSEE, FLORIDA