

L14000186946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

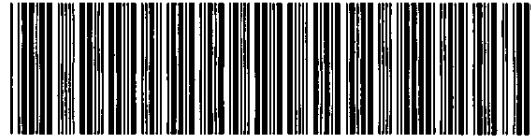
(Document Number)

Certified Copies _____

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



300272906493

300272906493
05/18/15--01007--026 **25.00

EFFECTIVE DATE
5-31-15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY 18 PM 12:20

FILED

MAY 20 2015
T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Smart Fills, 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:

Deborah Muscatello
(Name of Person)

Smart Fills
(Firm/Company)

3000 High Ridge Road #2
(Address)

Boynton Beach, FL 33426
(City/State and Zip Code)

For further information concerning this matter, please call:

Deborah Muscatello at (561) 445-0425
(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

EFFECTIVE DATE

5-31-15

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
15 MAY 18 PM 12:20
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Smart Fills, LLC

2. The Articles of Organization were filed on May 5, 2015 and assigned

document number L14000186946

3. The delayed effective date the dissolution is not effective on the date of filing: May 31, 2015
(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).

Absorbing Company into another

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

Deborah Muscatello

3000 High Ridge Road #2

Boynton Beach, FL 33426

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:

Deborah Muscatello
Signature

Deborah Muscatello
Printed Name

FILING FEE: \$25.00

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: Smart Fills, LLC

Document number of Limited Liability Company is: L14000186946

Date of dissolution was: May 31, 2015

Description of information that must be included in a written claim:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Deborah Muscatello
Smart Fills, LLC
3000 High Ridge Road #2
Boynton Beach, FL 33426

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Deborah Muscatello
Printed Name of the Person Filing

Deborah Muscatello
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00