L15000032482

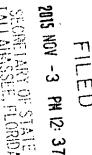
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COVER LETTER

Division of Corporations					
SUBJECT:	LIPS CHICAGO OPERATING GROU	PLLC			
SUBJECT		l Liability Compan	у)		
The enclosed	1 Articles of Dissolution and fee(s) are submitte	d for filing.			
Please return	all correspondence concerning this matter to the	e following:			
	Edward LaFaye				
(Name of Person)					
			_		
	(Firm/Company)				
	3028 Seville Street, Apt. 7				
	(A	ddress)			
	Fort Lauderdale, Florida 33304	4			
	(City/State	and Zip Code)			
For further in	nformation concerning this matter, please call:				
Keith D. Silverstein, Esq.		305	868-0200		
	(Name of Person)	(Area Co	ode & 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:

TO:

Registration Section

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

FILED

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2015 NOV -3 PM 12: 37 SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. The name of a limited liability company is LIPS CHICAGO OPERATING GROUP LLC 2. The Articles of Organization were filed on February 20, 2015 and assigned document number ____L15000032482 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). Pursuant to Fla. Stat. Section 605.0701(2), all of the members have consented to the dissolution of the company. 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 windjup the company's activities and affairs: Edward LaFaye

FILING FEE: \$25.00

Printed Name

Signature