

5/3/2019

**U10064240**

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000147531 3)))



H190001475313ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : TAX SECRETS INC  
Account Number : I20110000071  
Phone : (561)674-3390  
Fax Number : (954)607-2559

**LLC DISSOLUTION OR WITHDRAWAL**  
**OFFSKIN LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2019 MAY -3 PM 11:22

Electronic Filing Menu

Corporate Filing Menu

Help

H1900014753L3

Articles of Dissolution for a Limited Liability Company

## OFFSKIN LLC

Document Number: **L17000164240**

The Articles of Organization were filed on **08-02-2017** and assigned document member **L17000164240**

E-mail address to which correspondence should be e-mailed: **taxsecrets@hotmail.com**

The delayed effective date the dissolution if not effective on the date of filing: **5/3/19**

A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes:

*There are no businesses.*

Choose One:

☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.

-OR-

☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 605.0707

All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

☐ There are no suits pending against the company in any court.

-OR-

☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

H190001475313

I hereby certify that the information indicated on this document is true and accurate and that my electronic signature(s) shall have the same legal effect as if made under oath.

Signature of an authorized person to wind up the company's activities and affairs:

Florida, 5/3/19

Signature: \_\_\_\_\_

EDUARDO SOBOLESKI DIAS - AMBR

The individual(s) "signing" this document affirm(s) that the facts stated herein are true.

2019 MAY -3 A 3:12  
NOTARY PUBLIC  
FLORIDA