

# L17000207845

\_\_\_\_\_  
(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



300308300433

01/29/18--01034--010 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 JAN 29 PM 2:30

K. SALY  
JAN 30 2018

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Tohimicare 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:

Hilda Torres  
(Name of Person)

Tohimicare LLC  
(Firm/Company)

950 Brickell Bay Drive #1811  
(Address)

Miami FL 33131  
(City/State and Zip Code)

For further information concerning this matter, please call:

Hilda Torres at ( 786 ) 597 1268  
(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

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 JAN 29 PM 2:30

1. The name of a limited liability company is

ToHimicare LLC

2. The Articles of Organization were filed on October 10, 2017 and assigned

document number L17000207845  
~~SM 82-3055-624~~

3. The delayed effective date the dissolution if not effective on the date of filing: ASAP  
(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).

NO activity as expected.

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

Hilda Torres

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:

Hilda Torres  
Signature

Hilda Torres  
Printed Name

FILING FEE: \$25.00 ✓