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.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PAGIO'S & ASSOCIATES, LLC

Account Number : I20100000043 Phone

: (305)397-8553

Fax Number

: (305)397-8521

# LLC DISSOLUTION OR WITHDRAWAL VIBRADERMA, LLC

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

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Corporate Filing Menu

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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

VIBRADERMA, 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:

CAROLINA VANDERLAAN

(Name of Person)

VIBRADERMA, LLC

(Firm/Company)

1185 BIARRITZ DRIVE

(Address)

MIAMI BEACH, FL 33141

(City/State and Zip Code)

For further information concerning this matter, please call:

CAROLINA VANDERLAAN

,305

984-5177

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

■ \$25.00 Piling Fee and Cartificate of Dissolution

☐ 555.00 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

2019 APR -8 AM 9: 41

APPROYEL

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# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is  VIBRADERMA, LLC	
2.	The Articles of Organization were filed on 05/03/2018 and assigned	
	document number	
3.	The delayed effective date the dissolution if not effective on the date of filing:  (offective 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).	n
	COMPANY IS GOING OUT OF BUSINESS	
	2019 2019	2
		<b>,</b> DO .
		) D
5.	If there are no members, enter the name and address of the person appointed to wind up the company's	ڢ
	activities and affairs;	2
6. Iis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:	
	CAROLINA VANDERLAAN	
<u></u>	Signature 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: L18000107916	
Document number of Limited Liability Company is: L18000107916	
Date of dissolution was: 04/08/2019	
Description of information that must be included in a written claim:	
BRIEF DESCRIPTION OF CLAIM AND CONTACT IN	FORMATION.
	11 COR
	R .
	<del></del>
	9:
	, <del>-</del>
Mailing address where claims can be sent: (Claims cannot be sent to the Division of	(Corporations)
1185 BIARRITZ DRIVE	
MIAMI BEACH, FL 33141	
·	
A claim against the above named limited liability company will be barred unless a p claim is commenced within 4 years after the filing of this notice.	proceeding to enforce the
	1 /
CAROLINA VANDERLAAN	in der fran
Printed Name of the Person Filing Signature of the	ne Person Filing

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