

49000151018

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.

((H19000307776 3)))



H19000307776ABC7

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 : PADRON AND ASSOCIATES INC.
Account Number : 120060000156
Phone : (305)818-0404
Fax Number : (305)818-0898

LLC DISSOLUTION OR WITHDRAWAL
BEST OF ME LLC

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

Electronic Filing Menu Corporate Filing Menu

FILED
2019 OCT 16 A 10 32
TALLAHASSEE, FLORIDA
CLERK OF COURT

OCT 17 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **BEST OF ME 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:

Maria Mederos

(Name of Person)

(Firm/Company)

2097 West 76th Street

(Address)

Hialeah, Florida 33016

(City/State and Zip Code)

For further information concerning this matter, please call:

Maria Mederos

(Name of Person)

305 333-2975

(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**

1. The name of a limited liability company is

BEST OF ME LLC

2. The Articles of Organization were filed on June/06/2019 and assigned

document number L19000151018

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

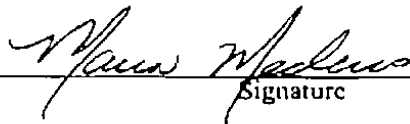
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

A mutual agreement set forth by both partners not to continue doing business under Best of Me LLC.

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 wind up the company's activities and affairs:


Signature

MARIA Mederos
Printed Name

FILING FEE: \$25.00

RECEIVED
FEB 14 2020
TALLAHASSEE, FLORIDA

2019 OCT 16 A 03 02

FILED