

P130000101108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

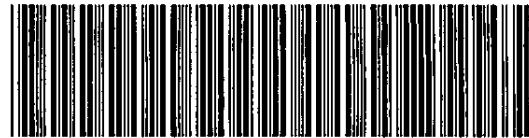
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400267283664

10/28/15--01003--029 \*\*35.00

FILED  
15 OCT 27 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W/Notice

OCT 29 2015

D CONNELL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 6, 2015

ISRAEL O. PEREZ  
S KROME INC  
24555 SW 167 AVE.  
HOMESTEAD, FL 33033

SUBJECT: S KROME INC  
Ref. Number: P13000101108

We have received your document for S KROME INC and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

IF YOU INTEND TO FILE THE NOTICE OF DISSOLUTION WITH THE ARTICLES OF DISSOLUTION, PLEASE SIGN THE NOTICE AND GIVE A DESCRIPTION OF THE INFORMATION THAT MUST BE INCLUDED IN ANY CLAIM THAT MIGHT BE FILED AGAINST YOUR CORPORATION.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell  
Regulatory Specialist III

Letter Number: 515A00021151

RECEIVED

15 OCT 27 AM 11:06



## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
S KROME INC

SECOND: The document number of the corporation (if known): P13000101108

THIRD: The file date of the articles of incorporation: 12/23/2013

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

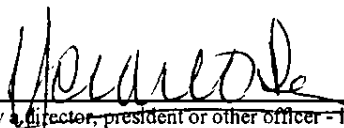
FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signature: 

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

ISRAEL O PEREZ

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

Filing Fee: \$35

FILED  
15 OCT 27 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: S KROME INC

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

24555 SW 167 AVE

HOMESTEAD FL 33031

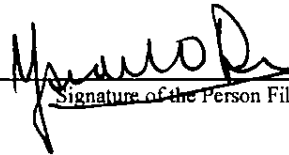
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A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Israel O Perez

Printed Name of the Person Filing



Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**