

L15000084083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

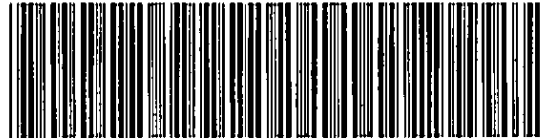
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FL

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DEC 13 2021

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TREASURE COAST COSMETIC ENTERPRISES, 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:

Raymond G. Robison  
(Name of Person)  
Fox McCluskey Bush Robison, PLLC  
(Firm/Company)  
3461 SE Willoughby Blvd.  
(Address)  
Stuart, FL 34994  
(City/State and Zip Code)

For further information concerning this matter, please call:

Raymond G. Robison at ( 772 ) 287-4444  
(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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



## 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: TREASURE COAST COSMETIC ENTERPRISES, LLC

Document number of Limited Liability Company is: L15000084083

Date of dissolution was: October 15, 2021

Description of information that must be included in a written claim:

Name and Address of Claimant \_\_\_\_\_

Amount of Claim \_\_\_\_\_

Whether Claim is Secured or Contingent \_\_\_\_\_

Detailed Description of Type of Claim \_\_\_\_\_

Date Claim Arose \_\_\_\_\_

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

1441 SE Ocean Blvd.

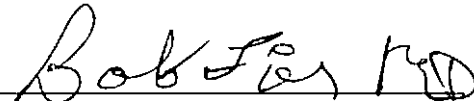
Stuart, FL 34996

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TAMM SECT  
DIVISION OF CORPORATIONS

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

Robert H. Fier, Manager

Printed Name of the Person Filing



Signature of the Person Filing

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