

L21 0000 26429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

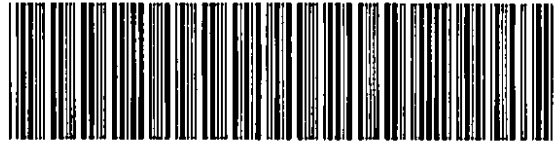
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D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CINTRON HAIR CENTER AND BEAUTY SALON LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Revocation of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARGARITA SANTOS
Name of Person

CINTRON HAIR CENTER AND BEAUTY SALON LLC
Firm/Company

2626 EAST TAMIAMI TRIAL, SUITE 6
Address

NAPLES, FLORIDA 34112
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARGARITA SANTOS at (239) 961-8279
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$100 Filing Fee
- \$105 Filing Fee & Certificate of Status
- \$130 Filing Fee & Certified Copy
- \$135 Filing Fee, Certificate of Status & Certified Copy

CR2E097 (8/05)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 11, 2022

MARGARITA SANTOS CARDENAS
CINTRON HAIR CENTER AND BEAUTY SALON LLC
2626 EAST TAMiami TRAIL, SUITE 6
NAPLES, FL 34112

SUBJECT: CINTRON HAIR CENTER AND BEAUTY SALON LLC
Ref. Number: L21000026429

We have received your document for CINTRON HAIR CENTER AND BEAUTY SALON LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 622A00022751


**ARTICLES OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

Pursuant to section 608.4411, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution:

1. The name of the company is CINTRON HAIR CENTER AND BEAUTY SALON LLC
2. The document number of the company is L21000026429.
3. The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State was
05/09/2022
4. The revocation of dissolution was authorized in the same manner as the dissolution on 11/03/2022.

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Signatures of the members having the same percentage membership interests necessary to approve the revocation of dissolution:

Signature	Typed or Printed Name
 _____	<u>MARGARITA SANTOS CARDENAS</u>
_____	_____
_____	_____
_____	_____

Filing Fee: \$100.00

FILED
May 09, 2022
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

CINTRON HAIR CENTER AND BEAUTY SALON LLC

The document number of the limited liability company: L21000026429

The file date of the articles of organization: January 11, 2021

The effective date of the dissolution if not effective on the date of filing: May 9, 2022

A description of occurrence that resulted in the limited liability company's dissolution:

NONE

The name and address of the person appointed to wind up the company's activities and affairs:

MARGARITA SANTOS CARDENAS
11490 WHISTLERS COVE CIR, APT 823
NAPLES, FL 34113 US

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: MARGARITA SANTOS CARDENAS

Electronic Signature of authorized person