## A0200000 1316

(Req	uestor's Name)	<del></del>		
(Add	ress)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
	\$52.5	υ		

Office Use Only

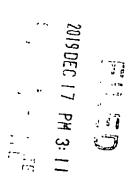


600336773076 🗸

11/12/19--01611--008 \*\*25.00 12/19/19--01005--001 \*\*27.50

DEC = 1 ····

1/0





December 9, 2019

NANCY E. VITTONE ADDOME BELLA, LLLP 7445 COOL BREEZE COURT SPRING HILL, FL 34607

SUBJECT: ADDOME BELLA, LLLP

Ref. Number: A02000001316

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FLORIDA LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s). There is an additional filing fee of \$27.50 still due.

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.

Susan Tallent Regulatory Specialist II

Letter Number: 019A00024988

## **COVER LETTER**

TO: Registration Section	
Division of Corporations	
SUBJECT: Addome bella Salon (Name of Florida Limited Partnership or Limited Liability Limited Partnership)	
The enclosed Certificate of Dissolution and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to:  Nancy VI Hone  (Contact Person)	
Addonie Bella Salon (Firm/Company)	
4270 Lake in the Woods Dr.  (Address)  Spring Hill FL 34607  Jany, State and Zip Code)	
For further information concerning this matter, please call:	
Nancy Vi Home at (352) 585-7346  (Name of Contact Person) at (Area Code) (Daytime Telephone Number)	)
Enclosed is a check for the following amount:	
S52.50 Filing Fee S61.25 Filing Fee and Certificate of Status S105.00 Filing Fee S113.75 Filing Certified Copy Certificate of S	, and
#27.50	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	

## CERTIFICATE OF DISSOLUTION FOR

(Name of Florida Limited Partnership or L	Sella Limited Liability Limite	d Parthership)	
Pursuant to the provisions of section of partnership or limited liability limited Florida Department of State on	1 partnership, whose 0 31 19 1011	e certificate was filed 2002 , assigned	with the Florida
FIRST: Reason for dissolution: (Sta		is submitting dissolu	2019 DEC 17
SECOND: A Notice of Dissolut (Check box if atta			PH 3:11
THIRD: Effective date, if other than the described date cannot be prior to nor more the Department of State.)  Note: If the date inserted in this block does not be listed as the document's effective date	date of filing: 11 han 90 days after the days after the days after the days after the days the applicable	statutory filing requireme	
Signatures of each general partner or the pers	son appointed pursuant	to s. 620.1803(3) or (4),	F.S.:
Certified Copy (optional):	\$52.50 \$52.50 \$8.75		