

A02 00000 1316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

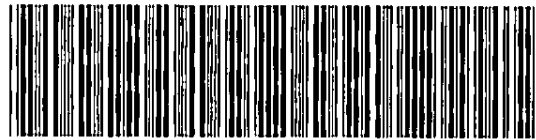
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

\$50.50

Office Use Only



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11/13/19--01011--008 **25.00

12/19/19--01005--001 **27.50

DEC 2 11 30 AM '19

V/D

PAID
2019 DEC 17 PM 3:11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 9, 2019

NANCY E. VITTON
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

RECEIVED
2019 DEC 17 1:10:28

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 Vittone
(Contact Person)

Addome Bella Salon
(Firm/Company)

4270 Lake in the Woods Dr.
(Address)

Spring Hill, FL 34607
(City, State and Zip Code)

For further information concerning this matter, please call:

Nancy Vittone at (352) 585-7349
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

\$52.50 Filing Fee

\$61.25 Filing Fee
and Certificate of
Status

\$105.00 Filing Fee
and Certified Copy

\$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

\$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

