

AL 000 000 315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

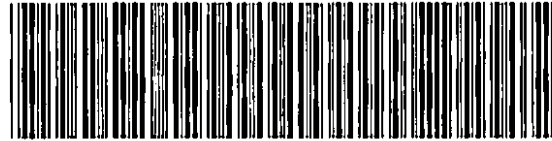
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

No Attachment 304

Office Use Only



800348996198

RECEIVED

JUL 27 2020

07/28/20--01017--020 **52.50

RECEIVED
CLERK OF STATE
JUL 27 2020
2:00 PM

Dissolution
w/notice

DEC 02 2020

D CUSHING

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: FASHIONISTA ENTERPRISES LP

(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:

KATHERINE ANN REAMS

(Contact Person)

(Firm/Company)

2048 PARK CRESCENT DRIVE

(Address)

LAND O' LAKE FL 34639

(City, State and Zip Code)

For further information concerning this matter, please call:

KATHERINE ANN REAMS

at

(813)

919-9495

(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

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

FILED
STATE
DIVISION OF
CORPORATIONS
JAN 30 PM 3:45



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2020

KATHERINE ANN REAMS
2048 PARK CRESCENT DRIVE
LAND O LAKES, FL 34639

SUBJECT: FASHIONISTA ENTERPRISES, LP
Ref. Number: A16000000315

We have received your document for FASHIONISTA ENTERPRISES, LP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You did not include the notice of dissolution that your application stated was attached.

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: 820A00019477

**CERTIFICATE OF DISSOLUTION
FOR**

FASHIONISTA ENTERPRISES LP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on JULY 1, 2016, assigned Florida document number A16000000315, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

PARTNERSHIP IS NO LONGER ENGAGED IN BUSINESS AS OF JANUARY 15, 2019.

ALL GENERAL PARTNERS AND ALL LIMITED PARTNERS PROVIDED CONSENT

TO DISSOLVE THE PARTNERSHIP.

SECOND: ☒ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:


FASHIONISTA ENTERPRISES MGMT LLC

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

RECEIVED
JUL 15 2016
FASHIONISTA ENTERPRISES LP
A16000000315

**NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED PARTNERSHIP
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "*Notice of Dissolution*" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:

FASHIONISTA ENTERPRISES, LP

Description of information that must be included in a claim:

CLAIMANT NAME

ADDRESS

DETAIL OF DESCRIPTION OF CLAIM

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State)

2048 PARK CRESCENT DRIVE

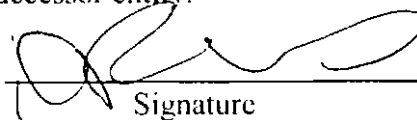
LAND O LAKES, FL 34639

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

Signature of a general partner or a principal of the successor entity:

KATHERINE ANN REAMS

Printed Name


Signature

Filing Fee: \$52.50
Certified Copy (optional): \$52.50