## L04000087075

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Special Instructions to	Filing Officer:	:
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Office Use Only



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SECHED TO STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Makes Perfect Scents LLC (Name of Limited Liability Company)			
The enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Judi Cote  (Name of Person)			
Makes Perfect Scents (Firm/Company)			
2000 Oakview Cir			
Sta Cloud Fl. 34769 (Clty/State and Zip Code)			
For further information concerning this matter, please call:			
Judi Cote at (321) 624-3426  (Name of Person) (Area Code & Daytime Telephone Number)			
Product in a shoot for the following amount:			
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			



January 27, 2006

JUDI COTE MAKES PERFECT SCENTS LLC 2000 OAKVIEW CIRCLE ST. CLOUD, FL 34769

SUBJECT: MAKES PERFECT SCENTS, LLC

Ref. Number: L04000087075

We have received your document for MAKES PERFECT SCENTS, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00.

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) 245-6853.

I am so sorry - il realized once il drop it in the box il forgot the Check.

Leslie Sellers Document Specialist

Letter Number: 006A00006002



## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



06 FEB 16 PM 1:20

SECRETARY OF STATE

1. The name of a limited liability company is  NOKES PECTECT SCEL	TALLAHASSEE, FLORIDA
2. The Articles of Organization were filed on///0_	and assigned document number
3. The date the dissolution was approved: $\frac{10}{10}$	<b>5</b>
4. A description of occurrence that resulted in the limited liabil 608.441, Florida Statutes, (copy 608.441 on back cover letter Relocating - Will not business in new 1	lity company's dissolution pursuant to section er).  Let be operating of Starting (Out of Starting)
5. CHECK ONE:  All debts, obligations and liabilities of the limited linear one of the limited linear one of the debts, obtained and rights and interests.  7. CHECK ONE:  There are no suits pending against the company in a one of the limited linear one of the debts, obtained and rights and interests.	oligations and liabilities pursuant to s. 608.4421.  ong its members in accordance with their respective any court.
Signatures of the members having the same percentage of members	rship interests necessary to approve the dissolution:
Signature Cote	Printed Name Judi M. Cote