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(Re	questor's Name)	***************************************
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	7)
PICK-UP	WAIT	MAIL.
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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06 MAY -2 PM 2:23
SECRETARY OF STATE
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SECRETARY OF STATE

COVER LETTER

SUBJECT: BETTER IMPGE SAZON & DAY STA 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:
JAMES L. SHULTS
(Name of Person)
BETTER TMAGE SARON TOAS STA LLC
(Firm/Company)
1609 CISENBY AUE
(Address)
TANAMA CITY FC 32405
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (850) 249-6870 (Area Code & Daytime Telephone Number)
IL. SHULD at (850) 249-6070 (Name of Person) (Area Code & Daytime Telephone Number) MAILING ADDRESS = 118 GRAND LAGOON SHORES DR Enclosed is a check for the following amount: PANAMA CITY BEACH, FL. 32408
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\ \text

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

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

APPROVED AND FILED

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

06 MAY -2 PM 2: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	1. The name of a limited liability company is BETTER IMAGE SALON TOWN SPA, LLC		
	2. The Articles of Organization were filed on 100, 16, 2005 and assigned document number 20, 5000///085		
	3. The date the dissolution was approved: MARCH 17, 7086.		
	4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter). NON-PROFIT = NON DISCLOSSER OF A PROPER		
	BUSINESS AND OUTSTANDING BILLS = LOSING		
	Money = BUSINESS CLOSED MARCH 17, 2006		
	5. CHECK ONE: All debts, obligations and liabilities of the limited liability company have been paid or discharged. OR- Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421. 6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.		
	7. CHECK ONE: There are no suits pending against the company in any court.		
	OR- Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.		
Si	gnatures of the members having the same percentage of membership interests necessary to approve the dissolution:		
	Signature Printed Name JANOS L. SHULTS		
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