L06000116973

(Re	equestor's Name)						
(Address)							
(Ad	ldress)						
(Cit	ty/State/Zip/Phone	e #)					
PICK-UP	MAIT WAIT	MAIL					
(Bu	ısiness Entity Nar	ne)					
(Document Number)							
Certified Copies	Certificates	s of Status					
Special Instructions to Filing Officer:							

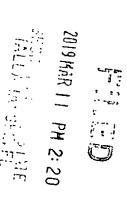
Office Use Only



800325838508

03/11/19--01017--011 **25.00

R WHITE MAR 2 0 2013



COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: AB Noils LLC (Name of Limited Liability Company)								
(Name of Limited Liability Company)								
-								
The enclosed Articles of Dissolution and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
WGUYEN, THONG								
(Name of Person)								
(Firm/Company)								
14293 TAMIAMI TROIL								
(Address)								
WORTH POTT, FL 34287 (City/State and Zip Code)								
(City/State and Zip Code)								
For further information concerning this matter, please call:								
Thomas (Area Code & Daytime Felephone Number)								
(Mea civae to Paytime Telephone Painter)								
Enclosed is a check for the following amount:								
\$25.00 Filing Fee and Certificate of Dissolution \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)								

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FLED

2019 MAR 11 PM 2: 20

١.	The name of a limited liability	company is			0.179	
	AB Nails LLC	·			SLUAZI	
2.	The Articles of Organization w	vere filed on <u>£</u>	1 3/07/14	12/07/20	NG G and assigned	1
	document number <u>L060</u>	0011697	23			
3.	The delayed effective date the (effective dat Note: If the date inserted in this listed as the document's effective	DIOCK GOES HOLL	icce me applicable s	ratatory ming requ	ument is received to airements, this day	//G or filing) te will not be
4.	A description of occurrence the 605.0707, Florida Statutes, (co	at resulted in th by 605.0707 on	e limited liability back cover letter	company's disso).	olution pursuant	to section
	don't. Want	Alym	LOYE			
		· · · · · · · · · · · · · · · · · · ·				
				_		
5.	If there are no members, enter activities and affairs:	the name and a	ddress of the pers	on appointed to	wind up the con	npany's
	_					
	_				-	
6. lis	Signature of an authorized persted above to wind up the compa	son or if there a my's activities	re no members, thand affairs:	e signature of tr	e person appoir	nted and
	+			- t	h /	
	Signature 1			hong Printed N	afne / W	<u>en</u>

FILING FEE: \$25.00