

(Requestor's Name)	
(Requestors Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	—
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(business Entity Name)	
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(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	\neg
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08 FEB 18 PH 3: 59
SEGRETARY OF STATE
TALLAHASSEE, FLORID,

D. BRUCE

FEB 18 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Nancy's Beauty Salon & Boutique LLC (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:
Elizabeth Bernal
(Name of Person)
Nancy's Beauty Salon à Boutique UC
(Firm/Company)
8307 Cleamont St.
(Address) 637
Tampa Fl. 33 later Bus 2
(City/State and Zip Code)
HAR B
For further information concerning this matter, please call:
Elizabeth Bernal at 813, 817-6100 = 1
(Name of Person) (Area Code & Daytime Telephone Number :
Enclosed is a check for the following amount:
\$25.00 Filing Fee 30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy Certified Copy Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 8, 2008

ELIZABETH BERNAL 8307 CLERMONT ST. TAMPA, FL 33637

SUBJECT: NANCY'S BEAUTY SALON & BOUTIQUE LLC

Ref. Number: L07000006991

OR FEB 18 PH 3: 59
SECRETARY OF STATE

We have received your document for NANCY'S BEAUTY SALON & BOUTIQUE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the members having the same percentage of membership interests necessary to approve the dissolution or the revocation when filing articles of revocation of dissolution.

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) 245-6984.

Letter Number: 908A00005408

Deborah Bruce Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	uc.
2. The Articles of Organization were filed on and assigned do	cument number
L0700006991.	
3. The date the dissolution was approved:	. OS
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant 608.441, Florida Statutes, (copy 608.441 on back cover letter).	fo section
ET:	₩ / /
	3 0
5. CHECK ONE:	, 33
All debts, obligations and liabilities of the limited liability company have been paid or of OR-Adequate provision has been made for the debts, obligations and liabilities pursuant to	"
All remaining property and assets have been distributed among its members in accordance with rights and interests.	their respective
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 entered against it in any pending suit.	which may be
Signatures of the members having the same percentage of membership interests necessary to approve	the dissolution:
Signature Printed Name	7
Hynseth Deine Klizabeth C	serna (
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