

LU7000018191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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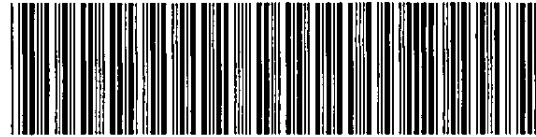
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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08 APR 30 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

MAY 1 2008

EXAMINER

Amanda Roath

From: Amanda Haddan [ahaddan@cscinfo.com]
Sent: Wednesday, April 30, 2008 12:58 PM
To: Amanda Roath
Subject: ALLURNE SALON & DAY SPA, LLC

ACCOUNT NO. : 072100000032

REFERENCE : 762051 7572707

AUTHORIZATION :



COST LIMIT : \$ 25.00

FILED
08 APR 30 AM 8:32
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ORDER DATE : February 15, 2007

ORDER TIME : 12:57 PM

ORDER NO. : 762051-001

CUSTOMER NO: 7572707

DOMESTIC FILING

NAME: ALLURME SALON & DAY SPA, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Debbie Skipper - EXT. 2948

EXAMINER'S INITIALS: _____

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

ALLURME SALON & DAY SPA, LLC

2. The Articles of Organization were filed on 02/16/2007 and assigned document number L07000018191.

3. The date the dissolution was approved: 04/30/2008.

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).

FILED IN ERROR

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.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

/s/ Amanda Roath

Amanda Roath, authorized person

FILING FEE: \$25.00