

L07000127939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

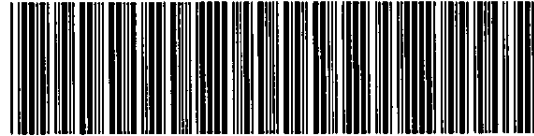
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100257354071

03/05/14--01009--009 **25.00

FILED

2014 MAR -5 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR - 6 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Old Hair Station, 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:

Stacey F. Mangefrida

(Name of Person)

(Firm/Company)

4060 Turkey Creek Court

(Address)

St. Augustine, Florida 32086

(City/State and Zip Code)

For further information concerning this matter, please call:

Stacey F. Mangefrida at 904 794-7032

(Name of Person)

(Area Code & Daytime Telephone Number)

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**

1. The name of a limited liability company is
Old City Hair Station, LLC
2. The Articles of Organization were filed on 12/27/2007 and assigned
document number L07000127939
3. The delayed effective date the dissolution if not effective on the date of filing: Effective date of filing
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
Old City Hair Station, LLC by execution of resolution, has ceased operations due to health reasons
Stacey F. Mangefrida, MGR and James M. Mangefrida, MGRM approved and signed the resolution.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Stacey F. Mangefrida
4060 Turkey Creek Court
St. Augustine, FL 32086
6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed
above to wind up the company's activities and affairs:

Signature

Stacey Mangefrida

Printed Name

Stacey Mangefrida

FILING FEE: \$25.00

FILED
2014 MAR -5 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA