

W08000008341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

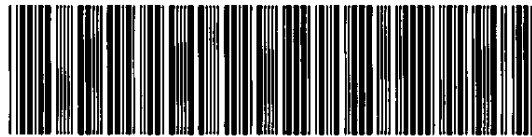
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

789 239 4089 671

Office Use Only

208-8341



300156057823

06/17/09--01013--003 \*\*25.00

FILED  
2009 JUL -2 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS

JUL 6 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MY BABY'S FACE OF SARASOTA, INC.  
(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:

Lois J. Walters

(Name of Person)

Womeldorph CPAs, P.A.

(Firm/Company)

7648 Lockwood Ridge Road

(Address)

Sarasota, FL 34243

(City/State and Zip Code)

FILED  
2009 JUL -2 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Lois J. Walters

(Name of Person)

at ( 941 ) 351-3561

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$25.00 Filing Fee



\$30.00 Filing Fee &  
Certificate of Status



\$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)



\$60.00 Filing Fee,  
Certificate of Status &  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 18, 2009

LOIS J. WALTERS  
7648 LOCKWOOD RIDGE ROAD  
SARASOTA, FL 34243

SUBJECT: MY BABY'S FACE OF SARASOTA, LLC  
Ref. Number: L08000008341

We have received your document for MY BABY'S FACE OF SARASOTA, 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):

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

Please return your document, along with a copy of this letter, within 60 days; your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Regulatory Specialist II

Letter Number: 609A00020796

2009 JUL -2 AM 10:29  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

FILED

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY

MY BABY'S FACE OF SARASOTA, LLC

Pursuant to section 608.441, Florida Statutes, this Florida limited liability company submits  
the following articles of dissolution:

NAME AND PRINCIPAL ADDRESS

The name of this limited liability company is

MY BABY'S FACE OF SARASOTA, LLC

The principal address of the corporation is:

1611 Hyde Park Street

Sarasota, Florida 34239

DOCUMENT NUMBER

The assigned document number is L08000008341

DATE OF ORGANIZATION

The Articles of Organization were filed on January 23, 2008

DATE OF DISSOLUTION

The members voted to dissolve the limited liability company effective June 1, 2009

COMPANY DEBT

All debts, obligations and liabilities of the limited liability company have been paid or  
discharged.

There are no suits pending against the company in any court.

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

Signature



Printed Name

Angela Campellone

FILED  
2009 JUL -2 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA