

LO8 0000 27024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

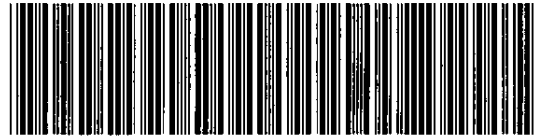
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200150262952

04/17/09--01003--016 \*\*25.00

2009 APR 17 AM 11:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

T. CLINE

APR 20 2009

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Complete Appearance Restyling Systems, 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:

Jay K Hicks

(Name of Person)

Complete Appearance Restyling Systems, LLC

(Firm/Company)

3866 Alamanda Hills Pl

(Address)

Lakeland, FL 33813

(City/State and Zip Code)

2009 APR 17 AM 11:56  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Jay K Hicks

(Name of Person)

at

863

(Area Code & Daytime Telephone Number)

529-2493

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

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

1. The name of a limited liability company is

Complete Appearance Restyling Systems, LLC

2. The Articles of Organization were filed on March 14, 2008 and assigned document number L08000027024

3. The date the dissolution was approved: February 1, 2009

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).

Decline in business activity, loss of profit.

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. 608.441.

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

Jay K Hicks

**FILING FEE: \$25.00**

FILED  
2009 APR 17 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA