

LD800000 77048

(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



500263425975

08/20/14--01006--004 **25.00

FILED
14 AUG 20 PM 1:45
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

AUG 21 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chic eBoutique
(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:

Jenny Schultz
(Name of Person)

(Firm/Company)

2133 El Dorado Pkwy W
(Address)

Cape Coral, FL 33914
(City/State and Zip Code)

For further information concerning this matter, please call:

Jenny Schultz at (239), 989-4386
(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

Chic e Boutique, LLC

2. The Articles of Organization were filed on 8/11/2008 and assigned

document number LO8000077048

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for 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).

closed business

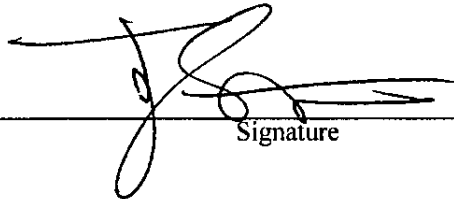
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Jenny Schultz

2133 E Dorado Pkwy W

Cape Coral, FL 33914

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

Jenny Schultz
Printed Name

FILING FEE: \$25.00.

FILED
14 AUG 20 PM 1:45
TALLAHASSEE, FLORIDA

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Chice Boutique, LLC.

Document number of Limited Liability Company is: _____

Date of dissolution was: 8/20/14

Description of information that must be included in a written claim:

closed business

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Jenny Schultz

2133 El Dorado Pkwy W

Cape Coral, FL 33914

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Jenny Schultz

Jenny Schultz

Printed Name of the Person Filing

Jenny Schultz

Signature of the Person Filing