

L09000026141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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09/15/16--01011--012 **25.00

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16 OCT 17 PM 3:59
TALLAHASSEE, FLORIDA

OCT 17 2016

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2016

JEAN CLAUDE MANOU
PO BOX 973
LOXAHATCHEE, FL 33470

SUBJECT: RUBY ROSE BEAUTY USA LLC
Ref. Number: L09000026141

RECEIVED
2017 OCT 17 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for RUBY ROSE BEAUTY USA 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 116A00020017

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

1. The name of a limited liability company is

RUBY ROSE BEAUTY USA, LLC

2. The Articles of Organization were filed on 03/17/2009 and assigned

document number L09000026141

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

I Jean Claude Manon cannot work
anymore because of health problems therefore
want to dissolve my business. I'm 80 years
old and had a heart attack in June 2016.
I'm waiting to have a heart surgery. Thank you.

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

/

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16 OCT 14 PM 3:58
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

Jean Claude Manon
Signature

Jean Claude Manon
Printed Name

FILING FEE: \$25.00

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: RUBY ROSE BEAUTY USA, LLC

Document number of Limited Liability Company is: L09000026141

Date of dissolution was: 06/30/2016

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

RUBY ROSE BEAUTY USA, LLC was
dissolved June 30th, 2016 and will not re-open in
the future. Claims must be received no later
than 90 days after the completion of its dissolution
by The Division Of Corporations.

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

Jean Claude Manon
P.O. BOX 973
LOXAHATHEE FL 33470

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TALLAHASSEE, FLORIDA

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.

Jean Claude Manon
Printed Name of the Person Filing

Jean Claude Manon
Signature of the Person Filing