

L090000 3/402

(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:

**A. LUNT**

OCT 14 2009

**EXAMINER**

Office Use Only



200160795742

09/29/09--01023--009 \*\*100.00

2009 OCT 13 AM 8:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 30, 2009

ADRIANA GOMEZ  
1945 RIBBON FALLS PARKWAY  
ORLANDO, FL 32824

SUBJECT: YOUR DREAMS SALON LLC  
Ref. Number: L09000031402

We have received your document for YOUR DREAMS SALON LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This company is still active there is nothing to revoke. If you are trying to dissolve the company please use the enclosed form.

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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 809A00031795

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** YOUR DREAMS SALON 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:

ADRIANA GOMEZ

(Name of Person)

YOUR DREAMS SALON LLC

(Firm/Company)

1945 RIBBON FALLS PARKWAY

(Address)

ORLANDO, FLORIDA 32824

(City/State and Zip Code)

For further information concerning this matter, please call:

ADRIANA GOMEZ

(Name of Person)

at ( 407 ) 923-6893

(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

YOUR DREAMS SALON LLC

2. The Articles of Organization were filed on MARCH 31, 2009 and assigned document number

L09000031402

3. The date the dissolution was approved: 09/01/2009

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).

NO LONGER IN BUSINESS/ BUSINESS NEVER STARTED

**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. 608.4421.

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

x Adriana P. Gomez  
x [Signature]

Adriana Gomez  
Hernan Gomez

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA