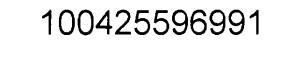
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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08/18/24 -01022--019 **25.00



COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT:	COSPOSATE D	issolution	
	MBER:		
The enclosed Notic	e of Limited Liability C	Company Dissolution and	fee are submitted for filing.
Please return all cor	respondence concerning	this matter to the following	ng:
	Vicky AGIO	G-AVOV	
	•	COUTURE LL (Company)	<u> </u>
	736 Vallance	e way NE	
	(Ad	dress)	h
	(City/Stat	e and Zip Code)	
For further informa	tion concerning this matt	ter, please call:	
VICKY A (Name of	G10 GA\0U f Contact Person)	at (S 3 6 5 80 0 Daytime Telephone Number)
Enclosed is a check	for the following amour	nt:	
□\$25 Filing Fee	□\$30 Filing Fee & Certificate of Status	☐S55 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S60 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations		Street Address Registration S Division of Co	ection

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is
	ANGIO COUTURE IIC
2.	The Articles of Organization were filed on $5/8/2009$ and assigned document number 1.09000044862
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) 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).
	Not enough Business to make a profite 1/1/18
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Vassil, K. AGIOCAIOU
	736 Vallance way NE Saint Petersburg FL 33706
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
Ž	Vassiliki Aclobalov Printed Name
	U FILING FEE: \$25.00