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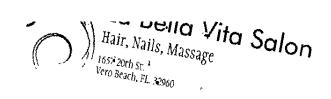
TO: Registration Section Division of Corporations
SUBJECT: La Bella Vita Salon "LLC" (Name of Limited Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Renee Witherow (Name of Person)
La Bella Vita Salon "LLC" (Firm/Company)
1657 20th st (Address)
Vero Beach, FL 32960 (City/State and Zip Code)
For further information concerning this matter, please call:
Renee Witherow at (772) 360-6162 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$25.00 Filing Fee Certificate of Status \$55.00 Filing Fee & Scotlificate of Status 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



COVER LETTER
1 (770) 360-6162
return address
1533 Pleasontview W.
Sebastian, Fl. 32958
Rence Witherow

(772) 563-0250

labellavitaofvero.com



ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



TALLAHASSEE, FLORI
and assigned document number
······································
npany's dissolution pursuant to section

company have been paid or discharged. ns and liabilities pursuant to s. 608.4421.
members in accordance with their respective
nrt. ny judgment, order or decree which may be
nterests necessary to approve the dissolution:
Printed Name
enee Witherow
ian Witherow