

L09000079059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

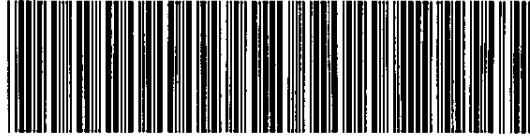
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch FEB. 13 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**ANGEL'S TOUCH BOUTIQUE LLC**

**SUBJECT:** \_\_\_\_\_  
(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:

**MARCELA LANG**

\_\_\_\_\_  
(Name of Person)

**ANGEL'S TOUCH BOUTIQUE LLC.**

\_\_\_\_\_  
(Firm/Company)

**13762 NW 11th CT**

\_\_\_\_\_  
(Address)

**PEMBROKE PINES, FL 33028**

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**MARCELA LANG**

**954**

**2960887**

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(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  
**ANGEL'S TOUCH BOUTIQUE LLC.**

2. The Articles of Organization were filed on 08/17/2009 and assigned  
document number L09000079059

3. The delayed effective date the dissolution if not effective on the date of filing: 02/16/2015  
(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).  
**NON ACTIVE. COMPANY IS CLOSED**

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

**13762 NW 11th CT**

**PEMBROKE PINES, FL 33028**

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

**MARCELA LANG**

Printed Name

**FILING FEE: \$25.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA