L09000093034

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600280638286

01/25/16--01026--023 **25.00

JAN 2 6 2016 J. HARRIS

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

I BEAUTIFY FIREARMS, 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:

(Name of Person)	
(Firm/Company)	
1236 PORTER RD BLDG 8	
(Address)	
SARASOTA, FL 34240	
(City/State and Zip Code)	

For further information concerning this matter, please call:

BRIAN HIMES

_{at} 941

371-5764

(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

I BEAUTIFY FIREARMS, LLC		
. The Articles of Organization were filed on $\frac{02/1}{2}$	4/2012	and assigned
document number 19000093034		
The delayed effective date the dissolution if not (effective date cannot be prior to o Note: If the date inserted in this block does not meelisted as the document's effective date on the Depart	et the applicable statutory	filing: 01/15/2016 n date document is received for filing) filing requirements, this date will not
A description of occurrence that resulted in the 605.0707, Florida Statutes, (copy 605.0707 on base)	limited liability companack cover letter).	y's dissolution pursuant to section
CLOSED THE BUSINESS FOR ECONIMIC REAS	ONS	
. If there are no members, enter the name and add activities and affairs:	dress of the person appo	inted to wind up the company's
		
6. Signature of an authorized person or if there are listed above to wind up the company's activities an	e no members, the signal and affairs:	ture of the person appointed and
	BRIAN HIMES	HASSET
Signature	P	Printed Name
FILIN	NG FEE: \$25.00	SH ?