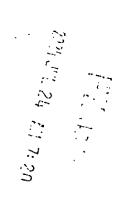
10000038333

(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:				
lumils				

Office Use Only



07/24/24--01010--010 **55.00



COVER LETTER

. ,

TO:

TO:	Registration Section Division of Corporations				
SHRI	NAILADYLINDA, LLC				
SUBJECT: (Name of Limited Liability Company)					
	enclosed Articles of Dissolution and fee(s) are e return all correspondence concerning this ma				
	LINDA C. WHITE				
(Name of Person)					
	NAILADYLINDA, LLC				
	(Firm/Company)				
	84067 SWALLOWTAIL DRIVE				
	(Address)				
	YULEE, FLORIDA 32097				
	(City/State and Zip Code)				
For further information concerning this matter, please call:					
	LINDA WHITE	904 415-2944 at ()			
	(Name of Person)	at ()(Area Code & Daytime Telephone Number)			
Encl	osed is a check for the following amount:				
☐ \$25.00 Filing Fee and Certificate of Dissolution		ion \$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

I. The name of a limited lia NAILADYLINDA, LLC	bility company is			
2. The Articles of Organizat	tion were filed on April 09, 2010 and	assigned		
document number	100000 38333			
reads. It the date inscribed in	e the dissolution if not effective on the date of filing: Julius date cannot be prior to or more than 90 days later than date document this block does not meet the applicable statutory filing require fective date on the Department of State's records.	and is received for filing) ements, this date will not be		
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). RETIRING				
		7,30		
5. If there are no members, enactivities and affairs:	inter the name and address of the person appointed to wind	I up the company's		
	84067 Swallowten Drive			
	Tulce, FL 32097			
6. Signature of an authorized above to wind up the company	person or if there are no members, the signature of the pery's activities and affairs:	rson appointed and listed		
Turz	LINDA C. WHITE			
Signature	Printed Name			

FILING FEE: \$25.00