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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Mary Me Make Up LLC (Name of Limited Liability Company)		
(Number Emilied Embinty Company)		
The enclosed Articles of Dissolution and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Mircla Malli		
(Name of Person)		
Mary Me Marke-UP UC (Firm/Company)		
(Firm/Company)		
10343 Cypiess Lakes DR.		
Jacksonville, FL 3225W (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Mirela Malli at (904) 305-0255		
(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 Mary Me Make Up UC
2. The Articles of Organization were filed on 04-15-2010 and assigned
document number <u>L 10000 40 978</u>
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).
1, Mircle Malli, owner of, Marry Mc Make Upilc wish to dissolve my company due to no revenue
earned over the past few years since its establishmen
5. If there are no members, enter the name and address of the person appointed to wind up the company activities and affairs:
10343 Cypress Lakes DR.
Jacksonnile, Pl 32250 ES B
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:
Micha Malli Signature Micha Malli Printed Name

FILING FEE: \$25.00