

L 10000049841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

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11 FEB 24 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

FEB 25 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eye Sensations
(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: *Please send to mailing address*

*Sharon Mais
17463 32nd Lane N
LOxahatchee Fl 33470*

Sharon Mais
(Name of Person)

Eye Sensations LLC
(Firm/Company)

6579 NW Chugwater Cir
(Address)

Port St. Lucie FL 34983
(City/State and Zip Code)

For further information concerning this matter, please call:

Sharon Mais at 772, 446-2044
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
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

2/18/11

Attention: Florida Department of State
Division of Corporations.

Re: Limited Liability Company Dissolution

I Sharon Mais is requesting
dissolution of my Business Eye
Sensations. I closed this business
as of 9/13/10. Enclosed is a check
for \$30.00 for filing fee and Certificate
of Status. My mailing address is:

Sharon Mais
17463 32nd LN N
Loxahatchee FL 33470
(772) 446-2044 (contact #)

Thank you,
Sharon Mais

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Eye Sensations, LLC

2. The Articles of Organization were filed on 5/24/10 and assigned document number

L10000049841

3. The date the dissolution was approved: My Business Closed 9/13/10

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

I chose to close the business cause I felt
I was in over my head. I need to take
time to restructure how to plan things
correctly.

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature Sharon Mais

Printed Name Sharon Mais