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FILED

11 FEB 16 AMIL: 25
SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

Division of Corporations			
SUBJECT: SALON JACKSONVILLE, 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:			
EVELYN ALLEN (Name of Person)			
N/A			
(Firm/Company)			
3503 NEWCASTLE CREEK DR.			
JACKSONVILLE, FL 32277 (City/State and Zip Code)			
For further information concerning this matter, please call:			
EVELYN ALLEN at (904) 1007 - 8170 (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{S60.00 Filing Fee, 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		
SALON JACKSONVILLE	<u> </u>	<u> </u>
2. The Articles of Organization were filed on 5/2 3311525 & EIN: 2.7-26		ssigned document number
3. The date the dissolution was approved: $\frac{2}{1}$	<u> </u>	
4. A description of occurrence that resulted in the limi 608.441, Florida Statutes, (copy 608.441 on back co	ted liability company's dissolution over letter).	n pursuant to section
No desire to continu	le with busine	<u> SS.</u>
		·
5. CHECK ONE:		
All debts, obligations and liabilities of the I OR- Adequate provision has been made for the		-
6. All remaining property and assets have been distribution rights and interests.	•	
7. CHECK ONE:		
There are no suits pending against the component of the second of the se		r or decree which may be
Signatures of the members having the same percentage of	membership interests necessary to	o approve the dissolution:
Signature	Printed	d Name
Q-A	JARED A	ALLEN E T
	37.19	SECY 65 ₽
	- -	AM II: 25 OF STATE E. FLORID
		STATE CORID
		A P
		