

L10000083671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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2014 APR 16 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 21 2014

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kandy's Hair Studio, 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:

Kandy McCallum

(Name of Person)

(Firm/Company)

P.O. Box 443

(Address)

Chiefland, FL 32644

(City/State and Zip Code)

For further information concerning this matter, please call:

Kandy McCallum

(Name of Person)

at (

352

493-2811

(Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FL 32301

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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
Kandy's Hair Studio, LLC
2. The Articles of Organization were filed on 08/10/2010 and assigned
document number L10000083671
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)
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).
Completion of the sale of operating assets, payment of all outstanding bills
and the close of all activities.
5. If there are no members, enter the name and address of the person appointed to wind up the company
activities and affairs: _____

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:

Komcalleum
Signature

Kandy O McCallum
Printed Name

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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