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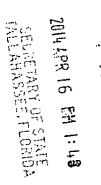
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	Kandy's Hair Studio, LLC			
0000	(Name of Limited L	iability Compan	у)	
	closed Articles of Dissolution and fee(s) are submitted f	•		
	Kandy McCallum	•		
				
	(Firm/Co	ompany)		
	(Add			
	2014 FALL			
	(City/State a	nd Zip Code)		
For fu	ther information concerning this matter, please call:			ARY 16
	Kandy McCallum	352	493-2811	
	(Name of Person)		de & Daytime Telephone	Number)
Enclos	ed is a check for the following amount:			
	✓ \$25.00 Filing Fee and Certificate of Dissolution		g Fee, Certificate of Disso opy (additional copy is en	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		Regi: Divis	EET/COURIER A stration Section sion of Corporations on Building	

Tallahassee, FL 32314

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

. The name of a limited liabili	ity company is 's Hair Studio, I	LLC		·
. The Articles of Organization	n were filed on	08/10/2010	and assigned	
document numberL1000	0083671			
The delayed effective date the (effective	he dissolution if n date cannot be prior t	not effective on the date on or more than 90 days later th	of filing: an date document is received for	filing)
A description of occurrence 605.0707, Florida Statutes, (that resulted in the copy 605.0707 or	ne limited liability compa n back cover letter).	ny's dissolution pursuant to	section
Completion of the sale	of operating as	sets, payment of all o	outstanding bills	
and the close of all activ	vities.	<u></u>		
			. Ze	2014
			ER EX	- E-PR
. If there are no members, ent			, , , , , , , , , , , , , , , , , , ,	any's
activities and affairs:			\$10810. 310810.	
				————
 Signature of an authorized p isted above to wind up the cor 	person or if there annually activities	are no members, the signal and affairs:	ature of the person appointe	ed and
Signature Signature	<u></u>	Kand	O MCCal	lun

FILING FEE: \$25.00