## L11000008100

(Req	uestor's Name)	
(Add	ress)	
(Add	lress)	
(City	/State/Zip/Phone	e #)
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**EXAMINER** 



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: BE BEAUTIFUL FOR LIFE 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:
PAOLA GARCIA
PAOLA GARCIA  (Name of Person)  BE BEAUTIFUL FOR LIFE LLC  (Firm/Company)
2438 HASSONITE STREET (Address)
KISSIMMEE, FL 34744  (City/State and Zip Code)
For further information concerning this matter, please call:
PAOLA GARCIA at 407 922-5353
(Name of Person) (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:
\$25.00 Filing Fee 30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is BE BEAUTIFUL FOR LIFE LLC	/19/2011
2. The Articles of Organization were filed on 01. L11000008100	/19/2011 and assigned document numbers
3. The date the dissolution was approved: 12/3	1/2011
	limited liability company's dissolution pursuant to section ck cover letter).
OR-Adequate provision has been made for	the limited liability company have been paid or discharged.  the debts, obligations and liabilities pursuant to s. 608.4421.
<ol> <li>All remaining property and assets have been dis rights and interests.</li> </ol>	stributed among its members in accordance with their respective
7. CHECK ONE:  There are no suits pending against the	company in any court
OR-	the satisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentag	ge of membership interests necessary to approve the dissolution:
Signature	Printed Name
A A A A A A A A A A A A A A A A A A A	PAOLA A. GARCIA
·	

**FILING FEE: \$25.00**