

L110000057584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/06/15--01020--017 **25.00

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2015 FEB -6 PM 3:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FEB 13 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A and N Salon 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:

Alena Gilley
(Name of Person)
A and N Salon LLC
(Firm/Company)
1242 Beach BLVD
(Address)
Jacksonville FL - 32250
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Alena Gilley at (904) 294 90 69
(Name of Person) (Area Code & Daytime Telephone Number)

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

A & N Salon LLC

2. The Articles of Organization were filed on 05/04/2011 and assigned

document number L 11000052584

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).

Business is not successful, plaza became empty
can't pay for the rent
Plaza LandLord filed bankruptcy

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

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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:


Signature

Alena Billey
Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: A & N Salon LLC

Document number of Limited Liability Company is: L 11000052584

Date of dissolution was: 12/25/2014

Description of information that must be included in a written claim:

Plaza LandLord filed bankruptcy
Plaza became empty 80%; Plaza in very poor
Could not pay the rent ^{condition} (Root leaks, Holes in
Oswalt)

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

3701 Danforth Dr
apt 1001
Jacksonville FL 32224

DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

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A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Alena Gilley
Printed Name of the Person Filing


Signature of the Person Filing