411000133792

(Re	questor's Name)		
(Ad	dress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL.	
(Bu	isiness Entity Nam	e)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
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MAR 2 4 2015

C. CARROTHERS

COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: Dissolution of Business
DOCUMENT NUMBER: <u>1/1/000/33792</u>
The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
(Name of Contact Person)
Just Chillin Bath & Body LLC (Firm/Company)
726 Mulberry St
(1.11.1.00)
Sebastian FL 32958
(City/State and Zip Code)
For further information concerning this matter, please call:
Arline R. Haffline at (772) 564-3981 3:30
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
□\$25 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 STREET ADDRESS: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

Notice of Limited Liability Company Dissolution

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: Just Chillen Bath * Be	ody	LL	-(
Document number of Limited Liability Company is: <u>L11000133792</u>			
Date of dissolution was: $\frac{2/3}{1/4}$			
Description of information that must be included in a written claim:			
Dissolve company. No longer in business	,		
	E A	15 HAR	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	CHARY OF STATE	AR -5 PM 1:16	FILED
A claim against the above named limited liability company will be barred unless a proceeding to enforcemenced within 4 years after the filing of this notice.	orce the	claim	is
After R-Hoffhise Registere 4 Printed Name of the Person Filing Signature of the Person Filing	<u>lgen</u>	¥	