112000012037

(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



500265413705

10/16/14--01005--003 **25.00

FILED

14.0CT | 6 PH 4: 19

SECRETARY OF STALL

W 16/27/14

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: Angolo's Barbershop, 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:
Sheila Ruscetta
Angelo's Barbershop, LLC
1645 Guardian Dr.
Sackson Ville, FL 32221 (City/State and Zip Code)
For further information concerning this matter, please call:
She'la Ruscetta at (904) 894-3410 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee and Certificate of Dissolution
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: Registration Section Division of Corporations 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 1. The name of a limited, liability company is 1. The name of a limited, liability company is	
2. The Articles of Organization were filed on $2 - 6 - 12$ and assigned	
document number <u>L1200001803</u> 7	
3. The delayed effective date the dissolution if not effective on the date of filing: 10-31-14 (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). Hage 105 by be (shop, UC entered into a Bill	n
Barber Studio 1, UC to seel all company	
5. If there are no members, enter the name and address of the person appointed to wind up the company's	
activities and affairs:	
LLAHASSE AND A DECRETARY	date y data da gastana gastana
E.F. T. S. T	
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:	• 5
Sheila Ruscotto	ب
Signature Printed Name	

FILING FEE: \$25.00