

L12 0000 19899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

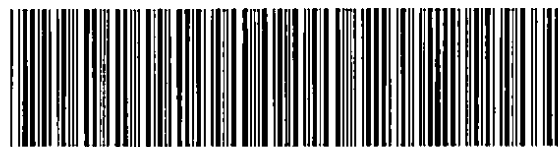
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800408692678

05/26/23--01011--019 **25.00

FILED

MAY 26 2023

[Handwritten signature]

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
WESTCHASE HAIR STUDIO 2 LLC

2. The Articles of Organization were filed on 2/10/2012 and assigned
document number L12000019899

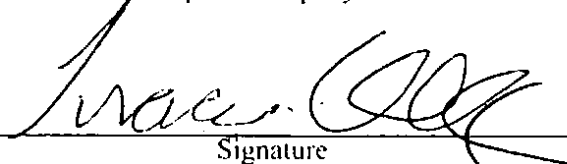
3. The delayed effective date the dissolution if not effective on the date of filing: 4/28/2023
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
listed as the document's effective date on the Department of State's records.

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).
I no longer have a salon and no longer do hair. Thank you

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

2245 Glenmoor Rd N Clearwater, FL 33764

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

Tracy Eller

Printed Name

FILING FEE: \$25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WESTCHASE HAIR STUDIO 2

(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:

TRACY ELLER

(Name of Person)

WESTCHASE HAIR STUDIO 2

(Firm/Company)

9460 W Linebaugh AVE

(Address)

TAMPA, FL 33626

(City/State and Zip Code)

For further information concerning this matter, please call:

TRACY ELLER

727

249-7851

at (

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303