## L120000091355

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: NAIL POP, LLC (Name of Limited)	
(Name of Limited	Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted.  Please return all correspondence concerning this matter to the	e following:
Kobert &	Hart of Person)
14208 C	lerendon Dr.
TAMPA PL (City/State	Company)  Larendon Dr.  idress)  33624  and Zip Code)
For further information concerning this matter, please call:	
Robert E. Hart	at ( <u>813</u> ) <u>426 - 506</u> / (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$25.00 Filing Fee and Certificate of Dissolution	S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is	
	NAIL POP, LLC	
2.	The Articles of Organization were filed on $\frac{7/13/2012}{}$ and assigned	
	document number <u>L 120000 1355</u>	
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)  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).		
5.	If there are no members, enter the name and address of the person appointed to wind up the company's = activities and affairs:  Robert E Hart & Erin Hart	
	14208 Clarendon Dr	
	TAMPA, FL 33624	
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:	
	Solver Hart Robert E Hart	
6	Signature Printed Name	

FILING FEE: \$25.00