

L12000104795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

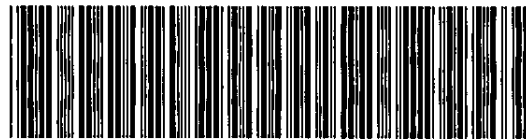
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300257892203

03/21/14--01031--011 **25.00

FILED
2014 MAR 21 PM 4:47
CLERK OF STATE
TALLAHASSEE FLORIDA

MAR 21 2014
CLERK OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brooke and Nicole of Tallahassee
(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:

Jackie Johnson
(Name of Person)

Brooke and Nicole
(Firm/Company)

120 S. Broad St.
(Address)

Thomasville, GA 31792
(City/State and Zip Code)

For further information concerning this matter, please call:

Jackie Johnson at (229) 413-2667
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE
FLORIDA

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

Brooke and Nicole of Tallahassee

2. The Articles of Organization were filed on August 2012 and assigned

document number L12000104895

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).

our business closed

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

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:

Jackie Johnson
Signature

Jackie Johnson
Printed Name

FILING FEE: \$25.00

FILED
2014 MAR 2 11 41 AM
TALLAHASSEE FLORIDA

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: Brooke and Nicole of Tallahassee

Document number of Limited Liability Company is: L12000104895

Date of dissolution was: 3/20/14

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

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

Jackie Johnson
120 S. Broad St.
Thomasville, GA 31792

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OFFICE OF THE CLERK OF THE SUPREME COURT
TALLAHASSEE FLORIDA

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.

Jackie Johnson
Printed Name of the Person Filing

Jackie Johnson
Signature of the Person Filing