## L12000150462

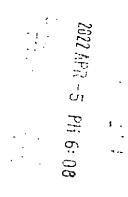
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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04/05/21--01019--013 \*\*25.00



O SIMMONS JUN 04 2021

#### COVER LETTER

TO:	Registration Section Division of Corporations	ng Car			
SUBJ	TILLIE'S BATH COTTGE, LLC ECT:				
	<del></del>	ited Liability Company)			
	return all correspondence concerning this matter t				
	GINA MARIE MESSENGER				
	(N	ame of Person)			
	(Firm/Company)				
	310 BISCAYNE AVE				
	(Address) SAINT AUGUSTINE, FL 32080				
	·	ate and Zip Code)			
For fur	ther information concerning this matter, please cal	l:			
	GINA MARIE MESSENGER	904 392-0354			
	(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclosed	is a check for the following amount:				
Ē	\$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			

# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY PR -5 PM 6: 08

1. The name of a limite	d liability company is		
TILLIE'S BATH COT	TAGE, LLC		
2. The Articles of Organ	nization were filed on 12/3	/2012	and assigned
document number L1	2000150462		
Note: If the date inser	e date the dissolution if not effective date cannot be prior to e rted in this block does not me 's effective date on the Depar	or more than 90 days lat et the applicable statu	er than date document is received for filing)
605.0707, Florida Stal	tutes, (copy 605.0707 on b	ack cover letter).	npany's dissolution pursuant to section
not cost effective to kee	p business with no brick and	mortar store front	
not cost effective to keep	business with no brick and t	nortar store front	
not cost affactive to keep	business with no brick and n		
not cost effective to keep	business with no brick and n	ionar store from	
5. If there are no member activities and affairs:	ers, enter the name and add GINA MARIE MES		ppointed to wind up the company's
	310 Bi	scally 1	Leio -
			fee 12 32080
	Eaint A	NGUSTINE	1 12 32080
		U	
6. Signature of an author appye to wind up the con	rized person or if there are apany's activities and affai	no members, the sig	gnature of the person appointed and liste
	١		
hor Men	MUSUKA	GINA MARIE	MESSENGER
Signal	ufe (		Printed Name
<u> </u>	FILIN	G FEE: \$25.00	

### Notice of Limited Liability Company Dissolution P片 6: 08

#### 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:
Document number of Limited Liability Company is:
Date of dissolution was:
Description of information that must be included in a written claim:
NAME OF COMPANY, INVOICE NUMBER OF PURCHASE ORDER, DATE OF PURCHASE, CONTACT
INFORMATION FOR BILLING DEPT, ANY RELATED DOCUMENTS TO PROOF TILLIE'S BATH COTTAG
AUTHORIZED PURCHASE OF SAID GOODS
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
310 BISCAYNE AVE
ST. AUGUSTINE, FL 32080
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.
11/1/6
GINA MARIE MESSENGER WELLOW MOSILOW A
Printed Name of the Person Filing  Signature of the Person Filing
V

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00