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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Shiraz Designs,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:

Carolyn Owji

(Name of Person)

Shiraz Designs, LLC
(Firm/Company)

1766 Seneca Blvd

(Address)

Winter Springs, FL 32708-5600

(City/State and Zip Code)

For further information concerning this matter, please call:

Carolyn Owji

,407 \921-8172

(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/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 liabile Shiraz Designs LLC	ity company is		<u></u> -		
2.	The Articles of Organization	were filed on $\frac{\Gamma}{\Gamma}$	December 13, 2012 (effetve1/1/2013	3) and assigned		
	document number L1200015	6171				
3.	Note: If the date inserted in the	te the dissolution if not effective on the date of filing: 12/31/2015 tive date cannot be prior to or more than 90 days later than date document is received for filing) in this block does not meet the applicable statutory filing requirements, this date will not be fective date on the Department of State's records.				
4.	605.0707, Florida Statutes, (copy 605.0707 o	the limited liability company's d in back cover letter). ala Florida under name of Fantastic	•		
	Shiraz Designs LLC sold the hair salons on April 17, 2015.					
	Shiraz Designs LLC finished all business during year 2015 and therefore has dissolved as of 12/31/2015.					
5 .	If there are no members, ente activities and affairs:	er the name and a	address of the person appointed	to wind up the company's		
		1766 Senecxa Blvd, Winter Springs, FL 32708				
		phone: 407-921-	8172			
6. Iis	Signature of an authorized p ted above to wind up the com	erson or if there pany's activities	are no members, the signature of and affairs:	f the person appointed and		
	Caroly Ou	<u></u>	Carolyn Owji	EB 29 ETARY STERVESSE		
	Signature	J ' FII	Printed LING FEE: \$25.00	Name OF STA		