

L 13000110638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2014 OCT 14 PM 1:36

CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

OCT 20 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DEJA VU COUTURE 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:

JOANNA WADE

(Name of Person)

DEJA VU COUTURE LLC

(Firm/Company)

10330 WEST SAMPLE ROAD

(Address)

CORAL SPRINGS, FL 33065

(City/State and Zip Code)

For further information concerning this matter, please call:

JOANNA WADE

(Name of Person)

954

at (

258-2068

(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

FILED
2014 OCT 14 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
DEJA VU COUTURE LLC

2. The Articles of Organization were filed on 08/06/2013 and assigned
document number L13000110638

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).

The company elected to close the company.

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

9810 NW 2ND STREET

PLANTATION, FL 33324

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

JOANNA WADE

Printed Name

FILING FEE: \$25.00