

L13 000 126 936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

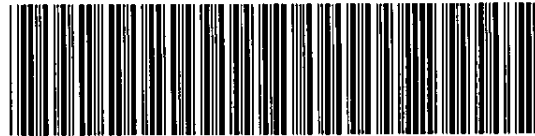
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/17/14--01008--019 **25.00

FILED
14 APR 18 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 22 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lillis Beauty, 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:

Lauren F. Dawson

(Name of Person)

Lillis Beauty, LLC

(Firm/Company)

1525 Sarria Ave

(Address)

Coral Gables, FL 33146

(City/State and Zip Code)

For further information concerning this matter, please call:

Lauren Dawson

(Name of Person)


617

at ()

460-9930

(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 liability company is

Lillis Beauty, LLC

2. The Articles of Organization were filed on 09/08/2013 and assigned

document number L13000126956

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).

We are dissolving the LLC with the consent of all members, pursuant to 605.0701(2).

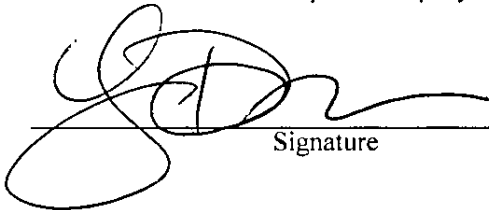
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

*there are 2 members and I am the
authorized person

Lauren Dawson

1525 Sarria Ave Coral Gables FL 33146

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

Lauren Dawson

Printed Name

FILING FEE: \$25.00

FILED
14 APR 13 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA