# U300139901

| (Re                     | equestor's Name)   |              |
|-------------------------|--------------------|--------------|
| (Ad                     | dress)             | <del> </del> |
| (Ad                     | dress)             |              |
| (Cit                    | ty/State/Zip/Phone | e #)         |
| PICK-UP                 | ☐ WAIT             | MAIL         |
| (Bu                     | siness Entity Nar  | ne)          |
| (Do                     | ocument Number)    |              |
| •                       | ŕ                  | •            |
| Certified Copies        | _ Certificates     | s of Status  |
| Special Instructions to | Filing Officer:    |              |
|                         |                    |              |
|                         |                    |              |
|                         |                    |              |
|                         |                    |              |
| <u> </u>                | <del></del>        |              |





700282235797

02/26/16--01020--024 \*\*25.00

SEORE TARY OF STATE TALLANGESSEE, FLORIDA

FEB 2 9 2016 S. YOUNU

### **COVER LETTER**

TO: Registration Section

Division of Corporations

The Art of Scents, 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:

| Bruno Doucet              |  |
|---------------------------|--|
| (Name of Person)          |  |
|                           |  |
| (Firm/Company)            |  |
| 638 SW 5th Avenue         |  |
| (Address)                 |  |
| Fort lauderdale, FL 33315 |  |
| (City/State and Zip Code) |  |
|                           |  |

For further information concerning this matter, please call:

**Bruno Doucet** 

<sub>at</sub> 954 837344

(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

|  | 9901  he dissolution if not effective   |  | _ and assigned                   |
|--|---|--|----------------------------------|
| The delayed effective date t                                 | ne dissolution if not effective   |  |                                  |
| (effective   | ne dissolution if not effective   |  |                                  |
| listed as the document's effect                              | date cannot be prior to or more than is block does not meet the applive date on the Department of S | m 90 days later than date of<br>licable statutory filing r | locument is received for filing) |
| A description of occurrence<br>605.0707, Florida Statutes, ( | that resulted in the limited licopy 605.0707 on back cove   | iability company's di                                      | ssolution pursuant to section    |
| Business did not start.                                      | 17  |  |                                  |
|  |   |  |                                  |
| If there are no members, ent activities and affairs:         | er the name and address of the Bruno Doucet   | he person appointed t                                      | o wind up the company            |
|  | 638 SW 5th Avenue   |  | 7× 8                             |
|  | Fort Lauderdale, FL 33315   |  |                                  |
|  |   |  |                                  |
| Signature of an authorized p                                 | erson or if there are no mem  | bers, the signature of                                     | the person appointed and         |

FILING FEE: \$25.00