

L13000144892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2014 SEP 15 AM 11:16  
TALLAHASSEE FLORIDA

SEP 18 2014  
J. BRUCE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cosi Bella Salon 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:

Maria C Rodriguez

(Name of Person)

Cosi Bella Salon LLC

(Firm/Company)

3855 SW 79th Ave Apt 18

(Address)

Miami. FL 33155

(City/State and Zip Code)

For further information concerning this matter, please call:

Maria C Rodriguez

(Name of Person)

305

307-9419

at ( )

(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

FILED  
2014 SEP 15 AM 11:16  
TALLAHASSEE, FLORIDA  
CLERK OF STATE

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
Cosi Bella Salon LLC

2. The Articles of Organization were filed on Florida and assigned  
document number L13000144892

3. The delayed effective date the dissolution if not effective on the date of filing: 07/01/14  
(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).

I have choosen to dissolve to give more time to other priorities .

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

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

Maria C Rodriguez

Printed Name

**FILING FEE: \$25.00**

**FILED**  
2014 SEP 15 AM 11:16  
CLERK OF CIRCUIT COURT  
ALABAMA  
STATE OF ALABAMA