

L30001S00003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

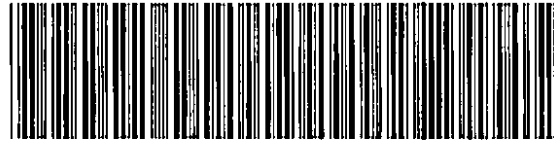
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

h

Office Use Only



700304241997

10/10/17--01008--005 **25.00

FILED

NOV - 2 P 3:49

D. SCOTT

NOV 3 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 11, 2017

DIVINE BEAUTY SPA AND SALON, LL
75 EAST INDIANTOWN RD STE 603
JUPITER, FL 33477

SUBJECT: DIVINE BEAUTY SPA AND SALON, LLC
Ref. Number: L13000150883

We have received your document for DIVINE BEAUTY SPA AND SALON, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 417A00020505

2017 NOV -2 PM 12:19

TALLAHASSEE, FLORIDA

2017 NOV -2 PM 3:49

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Divine Beauty Spa and 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:

Connie Moore
(Name of Person)

(Firm/Company)

300 Beach Rd 204
(Address)

Tequesta FL 33469
(City/State and Zip Code)

For further information concerning this matter, please call:

Connie Moore at (561) 779-3277
(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

FILED
2007-2 P 3:45

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

1. The name of a limited liability company is

Divine Beauty Spa and Salon LLC

2. The Articles of Organization were filed on 10-24-13 and assigned

document number L13000150883

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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Business was too slow.

Just could not make it.

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

Connie Moore

300 Beach Rd 204

Tequesta FL 33469

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:

Connie Moore
Signature

Connie Moore
Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Divine Beauty Spa and Salon

Document number of Limited Liability Company is: L13000150883

Date of dissolution was: 9-1-17

Description of information that must be included in a written claim:

Business to Slow

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Connie Moore
300 Beach Rd 204
Tequesta, FL 33469

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Connie Moore
Printed Name of the Person Filing

Connie Moore
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00