

L140000 61167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

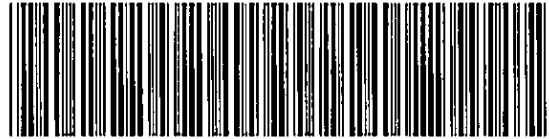
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
18 JUN 29 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
JUL 03 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2018

ESSENCE AIKENS
7001 INTERBAY BLVD, UNIT 281
TAMPA, FL 33616

SUBJECT: MY SISTER'S STYLE BOUTIQUE, LLC
Ref. Number: L14000061163

RECEIVED
2018 JUN 29 AM 10:30
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

We have received your document for MY SISTER'S STYLE BOUTIQUE, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list only one name and address for person appointed to wind up company affairs on the Articles of Dissolution. On the Notice of Dissolution please list a description of information needed to file written claim.

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

Octavia L Simmons
Regulatory Specialist III

Letter Number: 618A00010781

I re-accomplished the Application
correcting the highlighted areas on the
returned Application.

Thank you
Essence

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MY SISTER'S STYLE BOUTIQUE, 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:

ESSENCE A. AIKENS

(Name of Person)

MY SISTER'S STYLE BOUTIQUE, LLC.

(Firm/Company)

7001 INTERBAY BLVD. UNIT 281

(Address)

TAMPA, FL. 33616

(City/State and Zip Code)

For further information concerning this matter, please call:

ESSENCE AIKENS

(Name of Person)

at (813) 766-8050

(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
MY SISTER'S STYLE BOUTIQUE, LLC.
2. The Articles of Organization were filed on APRIL 14, 2018 and assigned
document number L14000061163
3. The delayed effective date the dissolution if not effective on the date of filing: APRIL 1, 2018
(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).
Both sisters (members) of the LLC, Essence Aikens & Carla Mitchell have decided to pursue other opportunities
Both sisters (members) have decided they no longer wish to sell merchandise via the LLC.
Both sisters (members) wish to dissolve the LLC.
5. If there are no members, enter the name and address of the person appointed to wind up the company,
activities and affairs: ESSENCE A. AIKENS
7001 INTERBAY BLVD. UNIT 281, TAMPA, FL. 33616
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

ESSENCE A. AIKENS

Printed Name

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA