

L14000085905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

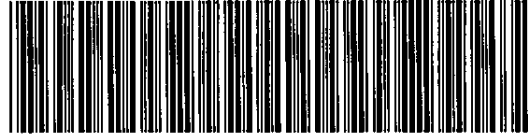
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



800271726518

04/20/15--01015--006 **25.00

FILED

15 APR 20 PM 12:20

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

APR 30 2015

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T J Nails 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:

Hai Le

(Name of Person)

T J Nails salon LLC

(Firm/Company)

7151 Lake worth Rd

(Address)

Lake Worth , FL 33467

(City/State and Zip Code)

For further information concerning this matter, please call:

Hai Le

(Name of Person)

at (

561

385-2212

(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**

FILED
15 APR 20 PM 12:20
TALLAHASSEE, FLORIDA
CLERK OF STATE

1. The name of a limited liability company is

T J Nails salon L.L.C

2. The Articles of Organization were filed on 05/28/2014 and assigned

document number L14000085905

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).

business sold

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

Hai Le

146 bellezza ter

Royal Palm Beach , FL 33411

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

Hai Le

Printed Name

FILING FEE: \$25.00