

L14000112319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

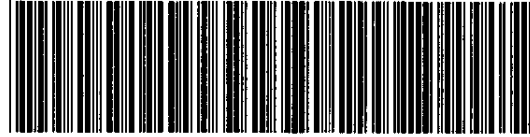
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/26/15--01028--007 **25.00

FILED
2015 JAN 26 PM 3:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

EFFECTIVE DATE 01/31/15

FEB 05 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dermaplaning Institute, 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:

Nancy Liss
(Name of Person)

Dermaplaning Institute, LLC
(Firm/Company)

1536 Sandpiper Lane
(Address)

Sarasota, FL 34239
(City/State and Zip Code)

For further information concerning this matter, please call:

Nancy Liss at (941) 928-8470
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is
Dermaplaning Institute, LLC
2. The Articles of Organization were filed on 7/14/2014 and assigned
document number L14000112315
3. The delayed effective date the dissolution if not effective on the date of filing: 1/31/2015
(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).
Due to partner's change of life plans,
Corporation could not move forward.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Nancy Liss
1536 Sandpiper Lane
Sarasota, FL 34239
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:

Nancy E. Liss
Signature

Nancy E. Liss
Printed Name

FILING FEE: \$25.00

EFFECTIVE DATE 01/31/15

2015 JAN 26 PM 3:55
SECRETARY OF STATE
ALACHUA COUNTY FLORIDA

FILED