

L14000164070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

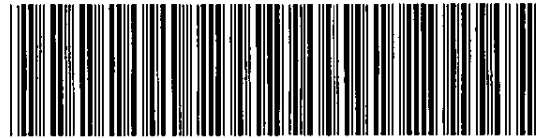
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
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AND  
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15 JAN -2 PM 4:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN - 2 2015

T CLINE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HAIR FOR DIVAS BY DIVAS 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:

Willia A. Watson

(Name of Person)

HAIR FOR DIVAS BY DIVAS LLC

(Firm/Company)

P.O. Box 6601

(Address)

TALLAHASSEE, FL 32314

(City/State and Zip Code)

For further information concerning this matter, please call:

Willia A. Watson

(Name of Person)

at (850) 668-6624

(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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AND  
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ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is  
HAIR For DIVAS By DIVAS LLC
2. The Articles of Organization were filed on 10/21/2014 and assigned  
document number L14000164070
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).  
Did not get business started, partners could not  
agree
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs:  
Willia A. Watson  
5270 Crump Road  
Tallahassee, FL 32309
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:

Willia A. Watson  
Signature

Willia A. Watson  
Printed Name

FILING FEE: \$25.00

RECEIVED  
FEB 11 2015  
TALLAHASSEE, FL 32309

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AND  
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