

L14000185581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

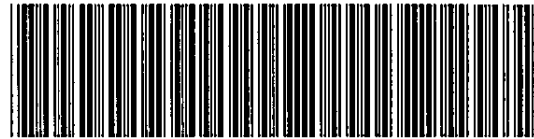
(Business Entity Name)

(Document Number)

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CLERK ASSESSOR
STATE OF FLORIDA

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sent 9/9/16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dissolution of House of Makeup Artistry, 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:

Gabriela Polsenberg

(Name of Person)

(Firm/Company)

4349 Rainbow Ave

(Address)

Weston, FL 33332

(City/State and Zip Code)

For further information concerning this matter, please call:

Gabriela Polsenberg

(Name of Person)

at 561 914-4492

(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

House of Makeup Artistry, LLC

2. The Articles of Organization were filed on December 04, 2014 and assigned

document number L14000185581

3. The delayed effective date the dissolution if not effective on the date of filing: September 07, 2016
(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).

Despite all efforts, company no longer sustainable

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

4349 Rainbow Ave, Weston, FL 33332

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

Gabriela Polsenberg

Printed Name

FILING FEE: \$25.00