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COVER LETTER

TO: Registration Section Division of Corporations

TREASURE COAST COSMETIC ENTERPRISES, LLC

SUBJECT: _

(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:

Raymond G. Robison

(Name of Person)

Fox McCluskey Bush Robison, PLLC

(Firm/Company)

3461 SE Willoughby Blvd.

(Address)

Stuart, FL 34994

(City/State and Zip Code)

For further information concerning this matter, please call:

Raymond G. Robison	772	287-4444
	at (_)
(Name of Person)	(Area Coc	le & 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabilit TREASURE COAST COSME		
2.	The Articles of Organization	were filed on <u>May 12, 2015</u>	and assigned
	document number 115000084	083	
3.	<u>Note:</u> If the date inserted in th	e dissolution if not effective on the date ate cannot be prior to or more than 90 days later is block does not meet the applicable statuto ve date on the Department of State's records	ry filing requirements, this date will not be
4.	A description of occurrence t 605.0707, Florida Statutes, (c	hat resulted in the limited liability comp opy 605.0707 on back cover letter).	any's dissolution pursuant to section
	Consent of all members		
	Consent of all members		
	Consent of all members		
5.	If there are no members, ente activities and affairs:	r the name and address of the person app	pointed to wind up the company's
			21
			SSEE
			ELE PL

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

Robert H. Fier, Manager

Printed Name

FILING FEE: \$25.00

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Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limite	TREASURE COAST COSMETIC ENTERPRISES, LLC			_
Document num	ber of Limited Liability Company is:			_
Date of dissolut	ion was:			
Description of i	nformation that must be included in a written claim:			
Name and Addre	ess of Claimant			_
Amount of Clain	n			_
Whether Claim i	s Secured or Contingent	1	202	_
Detailed Descrip	tion of Type of Claim		NUN	اً⊷ دا هد صر_
Date Claim Aros	e 		214	
_	s where claims can be sent: (Claims cannot be sent to the Division of Corpor	SCEL SUNS)	PH 2: 11	Ö
1441 SI	: Ocean Blvd.			
Stuart, I	FL 34996			

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Robert H. Fier, Manager

Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00