L15000127528

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

11/16/15--01008--003 **25.00

K. SALY
EXAMINER
NOV 19 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE ZEN closet 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:

Evelyn Quintana
(Name of Person)

THE Zen Closet LLC
(Firm/Company)

12705 NW 1st Ave.
(Address)

North Miami FL 33168
(City/State and Zip Code)

For further information concerning this matter, please call:

Matilde E. Duarte at (305) 439 1411
(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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
2015 NOV 16 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is The Lon Closet LLC

2. The Articles of Organization were filed on 07/27/2015 and assigned document number L15000127528

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)
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).
MEDICAL REASONS -

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Matilde Duarte -
12205 NW 7 St Nm, Fl 33168
CO-owner -
Evelyn Quintana / same address.

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

Evelyn Quintana
Printed Name

FILING FEE: $25.00