## 116000182209

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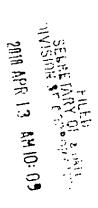
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N. CAUSSEAUX APR 1 7 2018

## **COVER LETTER**

	ation Section n of Corporations				
211111111111	Briza Salos	n Spa 12C			
SUBJECT: Briza Saton Spa 12C, (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:					
	MORMA (Name o	KASdoRŦ			
Briza Salon Spa LLC (Firm/Company)					
100 NE 6th St. Sulte 103					
BOYNTOI BEACH FL 33435 (City/State and Zip Code)					
(City/State and Zip Code)					
For further infor	mation concerning this matter, please call:				
$\wedge$	IOYMA KASJORF	at ( 561- ) 317- 0634 (Area Code & Daytime Telephone Number)			
	(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a chec	k 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:	STREET/COURIER ADDRESS:			
Registration Section		Registration Section			
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			
	Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301



March 16, 2018

NORMA KASDORF 100 NE 6TH STREET, SUITE 103 BOYNTON BEACH, FL 33435

SUBJECT: BRIZA SALON & SPA LLC

Ref. Number: L16000182209

We have received your document for BRIZA SALON & SPA LLC and your check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following:

The Articles of Dissolution must be filed prior to the Notice of Dissolution. (ATTACHED)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 518A00005391

Nanette Causseaux Regulatory Specialist II Supervisor

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited	Hiability company is BY174	Salon	& Spa L	20
	nization were filed on		and assign	ed
document number	2160001822	<u>07</u>		
Note: If the date inser	date the dissolution if not effective date cannot be prior to or ted in this block does not mee 's effective date on the Depart	t the applicable statuto	ry filing requirements, t	eived for filing) this date will not b
<ol> <li>A description of occu 605.0707, Florida Sta</li> </ol>	irrence that resulted in the l tutes. (copy 605.0707 on ba	imited liability compack cover letter).	oany's dissolution pu	rsuant to section
Company	has been So	7//		
<u> </u>	(W) MEON BO	/~U		<u>s</u> Z
5. If there are no member activities and affairs:	ers, enter the name and add		ppointed to wind up th	
6. Signature of an authoristed above to wind up	orized person or if there are the company's activities an	no members, the sig d affairs:	nature of the person a	appointed and
Al Olive 1	Est.	X	COYMA KL	1564
Signa	ture /		Printed Name	

**FILING FEE: \$25.00**