

L16000193491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

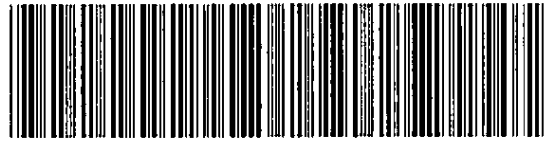
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/31/23--01009--003 \$430.00

FILED
2023 JAN 31 PM 4:26
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Empire Hair 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:

ELIZABETH VetterSmith
(Name of Person)

HAIR IN THE HILLS
(Firm/Company)

734 LA COSTA ST.
(Address)

MINNEOLA, FLORIDA 34715
(City/State and Zip Code)

For further information concerning this matter, please call:

ELIZABETH VETTERSMITH at (352) 396-4989
(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 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

FILED

1. The name of a limited liability company is

EMPIRE HAIR Limited Liability Company

2023 JAN 31 PM 4:26

DEPARTMENT OF STATE
TALLAHASSEE, FL

2. The Articles of Organization were filed on October 19, 2016 and assigned

document number L16000193491

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).

BUSINESS WAS FORCED TO CLOSE PERMANENTLY DUE TO
THE ESCALATING COSTS OF MATERIALS/SUPPLIES^{ETC.} IN ADDITION
TO THE RISE OF INFLATION. PROHIBITED US TO CONTINUE BEING
A PROFITABLE AND VIABLE BUSINESS

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

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:

Elizabeth Vetter Smith
Signature

Elizabeth Vetter Smith
Printed Name

FILING FEE: \$25.00