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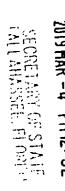
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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U3/U4/19--U1U14--029 **25.00



APPROVEU AND FILED

COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: Prettiest (Name of Limited I	Boutique, LLC iability Company)
The enclosed Articles of Dissolution and fee(s) are submitted (for filing.
Please return all correspondence concerning this matter to the	following:
Melinda	L Wilt
PREHICE (Firm/Co	Doutique LLC
10805 De	Prado Dr E
City State ar	PER AN
For further information concerning this matter, please call:	PH 12:
Melinda Wilt (Name of Person)	at () 125) 489-8504 % (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 &

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

Certified Copy (additional copy is enclosed)

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liabil	ty company is Prettiest-Boutique, LLC
2. The Articles of Organization	were filed on $\frac{1}{25}$ and assigned
document number	17000019914
(effective Note: If the date inserted in the	ne dissolution if not effective on the date of filing: date cannot be prior to or more than 90 days later than date document is received for filing) nis block does not meet the applicable statutory filing requirements, this date will not be ive date on the Department of State's records.
4. A description of occurrence 605,0707, Florida Statutes, (that resulted in the limited liability company's dissolution pursuant to section copy 605.0707 on back cover letter).
Ī	Ircided to go out of business
	FILE AR FILE A
If there are no members, ent activities and affairs;	er the name and address of the person appointed to wind up the companys
	Melinda Wilt RA 8
	10805 Del Prado Dr. E, Lazo, Fr
 Signature of an authorized p listed above to wind up the con 	erson or if there are no members, the signature of the person appointed and apany's activities and affairs:
Melinda W. Signature	Melinda F. Wilt Printed Name

FILING FEE: \$25.00