117000 147310

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Dod	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



300338948553

01/16/20+-01005--012 **25.00

20 IAN 15 PM 3: 00

Chichelle

COVER LETTER TO: Registration Section Division of Corporations The enclosed Articles of Dissolution and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: Maureen Mairer (Name of Person) Salty Kisses (Firm/Company)

Melbourne Beach, FL: 32951

5 Flores St.

For further information concerning this matter, please call:

(Area Code & Daytime Telephone Number)

407-748-8674

Enclosed is a check for the following amount:

X \$25.00 Filing Fee and Certificate of Dissolution

S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

Mailing Address:

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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

fattatiansse, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY-COMPANY

1. The name of a limited liability	company is Sqlty Kis.	ses	· ·
2 The Articles of Organization	,	. ,	and assigned
document number $\frac{L}{L}$	00014731	0_	
	te cannot be prior to or i block does not meet	nore than 90 days later th the applicable statutory	f filing:
– 605 0707, Florida Statutes, (ed	py 605,0707 on bac	nited liability compa k cover letter) PLNSIS Lo	ny's dissolution pursuant to section To costly
5. If there are no members, enter activities and affairs:	_	ess of the person appo Maure	
	135 F/	ores St	
	melbour	ne Beach,	FL 32957
 Signature of an authorized peabove to wind up the company's 	son or if there are nactivities and affairs	o members, the signa	nure of the person appointed and listed
Nameer M. Maur	er	Maureer	M. Maurer Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited hability 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 Limited Liability Company: Salty Kisses
Document number of Limited Liability Company is: 17000147310
Date of dissolution was: Jan 1, 702.0
Description of information that must be included in a written claim:
lost money
did not make any money
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Moureen Maurer 135 Flores St. Melsourne Beach, FL 32951
135 Florer St.
melhourne Beach, FL 32957

Moureen M. Maurer Maureen Mr. Maure

A claim against the above named limited liability company will be barred unless a proceeding to enforce the

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

claim is commenced within 4 years after the filing of this notice.