

L17000185164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

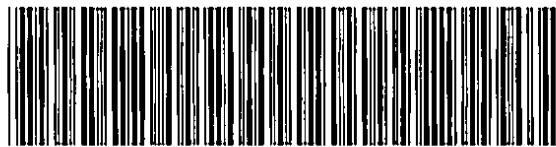
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100327224551

04/08/18--01025--007 **25.00

2018 APR -8 AM 10:36
Clerk of Court

APR 10 2018
Clerk of Court

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shave Shack LLC
(Name of Limited Liability Company)

2013 APR -8 AM 10:36
Tallahassee, FL 32301
Division of Corporations
Registration Section

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Coxwell

(Name of Person)

Shave Shack

(Firm/Company)

9555 Litchfield Ln

(Address)

Naples Fl. 34109

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Coxwell

(Name of Person)

at (239) 253-9538
(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**

1. The name of a limited liability company is

Shave Shack

2. The Articles of Organization were filed on 08/31/2017 and assigned

document number 1.17000185164

3. The delayed effective date the dissolution if not effective on the date of filing: 04/05/2019
(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).

Going out of business, slow business, local permitting rules caused many headaches for set up

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

Michael Coxwell 9555 Litchfield Ln Naples FL 34109

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

Michael Coxwell

Printed Name

FILING FEE: \$25.00

2018 APR -8 AM 10:30
FILED
STATE OF FLORIDA
CLERK OF THE COURT