118000 43564

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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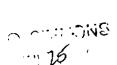


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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Dissolution of B	erny's Hair Studio	
DOCUMENT NUMBER: L18000	043564	
	Company Dissolution and fee are submitted for filing.	
Please return all correspondence concernin	g this matter to the following:	
Bernice Kelley		
Berny	Contact Person) (Company)	
8529 NW 40th Terr.		
Gainesville, Florida 326		
(City/Sta	ate and Zip Code)	
For further information concerning this ma		
Bernice Kelley	at (352) 681-0797	
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amo	unt:	
■\$25 Filing Fee	☐ \$55 Filing Fee & ☐ \$60 Filing Fee, Certified Copy Certificate of Status & (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment 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
2. The Articles of Organization were filed on Fabruary 19,2018 and assigned
document number L180000 43564 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).
The Building where my business was
conducted was poed, I was Asked To leave.
I could not afford To more my business
To snother location.
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Bernie Kelley
8529 N.W. 40th Ten.
Janesville P 32653
352-681-0797
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:
Berne Kelley BERNICE C. KELLEY Printed Name
Signature 0

FILING FEE: \$25.00