

L18000 191882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

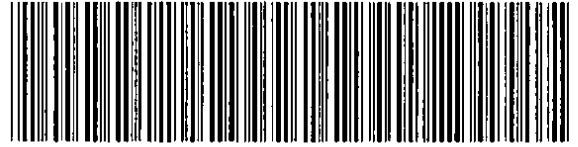
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SECRETARY OF STATE  
2023 JUN 14 PM 3:59  
CLERK OF SUPERIOR COURT

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SALAH BARBER SHOP #2 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:

Amy Divido

\_\_\_\_\_  
(Name of Person)

THE BOOKKEEPING ANALYST LLC

\_\_\_\_\_  
(Firm/Company)

9446 Philips Highway Suite 5b

\_\_\_\_\_  
(Address)

Jacksonville, FL 32256

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Amy Divido

\_\_\_\_\_  
(Name of Person)

904

349-5265

at (

\_\_\_\_\_) \_\_\_\_\_  
(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**

1. The name of a limited liability company is

SALAH BARBER SHOP #2 LLC

2. The Articles of Organization were filed on 08/10/2018 and assigned

document number L18000191882

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).

sold business - may 2023

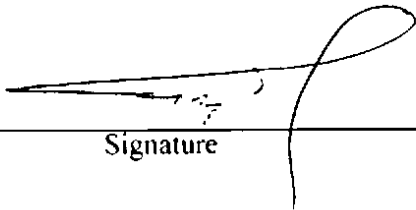
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Salah Abboud

1438 Tripper Drive jacksonville fl 32211

904-514-7373

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

Salah Abboud

Printed Name

**FILING FEE: \$25.00**

FILED  
SECRETARY OF STATE  
OFFICE OF CORPORATE  
2023 JUN 14 PM 3:59