

L19000203413

(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



700350929757

08/26/20--01012--015 ++25.00

2020 11:12:14

AMH 1115
DIS5

OCT 10 2020
1 ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHI NAILS IN PACE 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:

OANH DO

(Name of Person)

CHI NAILS IN PACE LLC

(Firm/Company)

4912 HIGHWAY 90

(Address)

PACE, FL 32571

(City/State and Zip Code)

For further information concerning this matter, please call:

OANH DO

414

687-7763

at ()

(Name of Person)

(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**

2020

1. The name of a limited liability company is

CHI NAILS IN PACE LLC

2. The Articles of Organization were filed on AUGUST 27, 2018 and assigned

document number L18000203413

11/12/18

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).

BUSINESS SOLD

BUSINESS SOLD

BUSINESS SOLD

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

OANH DO

4773 RIBAUT LN, MILTON, FL 32570

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

OANH DO

Printed Name

FILING FEE: \$25.00