## L18000209197

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
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PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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Certified Copies	Cartificates	of Status		
Ceranea Copies	_ Certificates	Or Olates		
<u></u>				
Special Instructions to	Filing Officer:			
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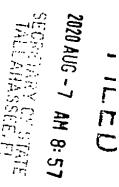
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## **COVER LETTER**

FO: Registration Section Division of Corporations						
Clean Cutz Barber Shop	By Aran, LLC					
SUBJECT: (Name of Limited Liability Company)						
The enclosed Articles of Dissolution a	and feets) are submitted for filing.					
Please return all correspondence conc						
	erining this matter to the lonowing.					
Orlando Valdes						
(Name of Person)						
(Firm/Company)						
8987 W 35th Avenue						
(Address)						
Hialeah, FL 33018						
	(City/State and Zip Code)					
For further information concerning thi	is matter, please call:					
Orlando Valdes	786-227-183					
(Name of Pe	at ()					
Enclosed is a check for the following amo	unt:					
\$25.00 Filing Fee and Certificate						
Mailing Address: Registration Section	Street Address: Registration Section					
Division of Corporations	s Division of Corporations					
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810					
remember to and the	Tallahassee, FL 32303					

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

۱.	The name of a limited liability company is  Clean Cutz Barber Shop by Aran, LLC	<del>.</del>				
2.	The Articles of Organization were filed on 8/	31/2018	and assigned			
	document number L18000209197					
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 605.0707. Florida Statutes, (copy 605.0707 or Close of Business	he limited liability compan n back cover letter).	y's dissolution pursuant to section			
	Close of Business		AUG			
	Close of Business		-7 AM ASSEE			
	Close of Business		- S 8: 57			
5.	If there are no members, enter the name and a activities and affairs:	address of the person appo	inted to wind up the company's			
6. al	Signature of an authorized person or if there bove to wind up the company's activities and a	are no members, the signa affairs:	ture of the person appointed and list			
ļ	()(,1) Lale. 8-	Orlando Valdes				
Signature		<del> </del>	Printed Name			

**FILING FEE: \$25.00**