L19000060908

| (Requestor's Name) | | |
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| (City/State/Zip/Phone #) | | |
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| ☐ PICK-UP ☐ WAIT ☐ MAIL | | |
| PICK-UP WAIT MAIL | | |
| | | |
| (Business Entity Name) | | |
| (Business Entry Name) | | |
| | | |
| (Document Number) | | |
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| Certified Copies Certificates of Status | | |
| Certified Copies Certificates of Status | | |
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| Special Instructions to Filing Officer: | | |
| Special instructions to 1 ming officer. | | |
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Office Use Only

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COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: Pouchon La Bel | la LLC |
|--|---|
| (Name of Limite | ed Liability Company) |
| | |
| The enclosed Articles of Dissolution and fee(s) are submitt | ed for filing. |
| Please return all correspondence concerning this matter to | the following: |
| Kesha Bl | acr |
| (ISan | 1 1 6 |
| touchon La t | sella LLC |
| (Fire | n'Company)/Post Office BOX |
| P.O.BOX 22154 | 2 (22/54/2) |
| (| Address) |
| West Palm Be | ach, Fl 33422 |
| (City/Sta | te and Zip Code) |
| | |
| For further information concerning this matter, please call: | |
| Kesm Blair | ar 754, 816-0842 |
| (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: | STREET/COURIER ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | Clifton Building |
| Tallahassee, FL 32314 | 2661 Executive Center Circle |
| | Tallahassee, FL 32301 |



October 5, 2019

KESHA BLAIR POST OFFICE BOX 221542 WEST PALM BEACH, FL 33422

SUBJECT: POUCHON LA BELLA LLC

Ref. Number: L19000060908

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The Notice of Dissolution must contain a description of information that should be included in a written claim.

Please list the city name in its entirety abbreviation is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

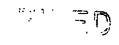
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 119A00020502

Claretha Golden Regulatory Specialist II

www.sunbiz.org

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



2019 007 21 PM 3: 34 1. The name of a limited liability company is 2. The Articles of Organization were filed on _ and assigned document number 3. The delayed effective date the dissolution if not effective on the date of filing: 41510011 (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). person appointed to wind up the company's 5. If there are no members, enter the activities and affairs:

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

Printed Name

FILING FEE: \$25.00