

L19 000088691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

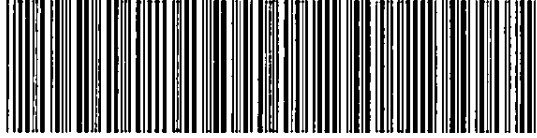
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JUL 30 2024

Office Use Only



900433354719

07/19/24--01024--003 **25.00

2024 JUL 19 11:23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bella Vie Salon 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:

Susan K James and Debbie J Brasie
(Name of Person)

Bella Vie Salon LLC
(Firm/Company)

201 Ramblewood Dr.
~~95 Emeralds Richard Beard Blvd~~
(Address)

DeBary, Florida 32713
(City/State and Zip Code)

For further information concerning this matter, please call:

Susan James at (386) 216 7807
(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

2024 JUL 15 11:23

1. The name of a limited liability company is

Bella Vie Salon LLC

2. The Articles of Organization were filed on 04/01/2019 and assigned

document number L19000088691

3. The delayed effective date the dissolution if not effective on the date of filing: July 15, 2024
(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).

retirement / health issues

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

Debbi Bresie
Signature

Debbi Bresie
Printed Name

FILING FEE: \$25.00