L19000193344

(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:

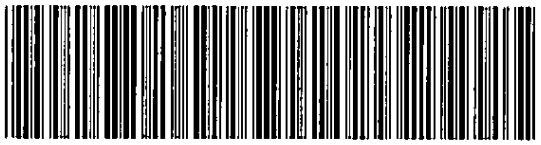
File w/o charge

per

LS

8/20

Office Use Only



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LLC

Voids

08/26/19

Dc

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cosmetica 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:

Lee Davis
(Name of Person)

Silva Cosmetics, Inc
(Firm/Company)

1941 SE Port St Lucie Blvd
(Address)

Port St Lucie, FL 34952
(City/State and Zip Code)

For further information concerning this matter, please call:

Lee Davis at (772) 337-1717
(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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
Cosmetica LLC

2. The Articles of Organization were filed on July 29th, 2019 and assigned
document number L19000193344

3. The delayed effective date the dissolution if not effective on the date of filing: July 29th, 2019
(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).
Incorrect advice given by customer service. Should have filed an ammended application for name change and not a new application. (LLC was an error on my part)

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
Lee Davis
1941 SE Port St Lucie Blvd
Port St Lucie FL 34952

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

Lee Davis
Printed Name

FILING FEE: $25.00