

L19000254606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

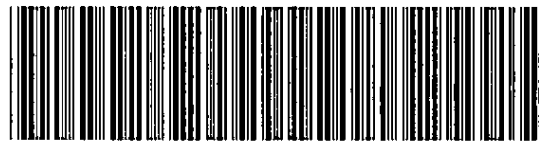
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
OCT - 1 2021

Office Use Only



500373197095

10/20/21--01015--018 \*\*55.00

FILED  
2021 OCT 20 AM 10:19  
SECRETARY OF STATE  
ALL CHARGES PAID

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BEVERLY HILLS MEDICAL SKIN AESTETICS, 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:

ISSA YSSA, MANEL

\_\_\_\_\_  
(Name of Person)

BEVERLY HILLS MEDICAL SKIN AESTETICS, LLC

\_\_\_\_\_  
(Firm/Company)

6245 NORTH FEDERAL HWY, 520

\_\_\_\_\_  
(Address)

FORT LAUDERDALE, FL 33308

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

ISSA YSSA, MANEL

\_\_\_\_\_  
(Name of Person)

954

988- 0776

at (\_\_\_\_\_) \_\_\_\_\_

(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

FILED

2021 OCT 20 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

1. The name of a limited liability company is  
BEVERLY HILLS MEDICAL SKIN AESTHETICS, LLC

2. The Articles of Organization were filed on 10/09/2019 and assigned  
document number L19000254606

3. The delayed effective date the dissolution if not effective on the date of filing: 10/05/2021  
(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).

THE BUSINESS SINCE THE OPENING THROUGH NOW CANNOT PROVIDE AT LEAST ONE HALF OF

SUPPORT. I cannot continue to use  
THE BUSINESS ~~SINCE THE OPENING THROUGH NOW CANNOT PROVIDE AT LEAST ONE HALF OF~~  
all my REVENUE on it, as I GOT more bills to  
~~THE BUSINESS SINCE THE OPENING THROUGH NOW CANNOT PROVIDE AT LEAST ONE HALF OF~~

endow

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

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

ISSA YSSA . MANEL

Printed Name

FILING FEE: \$25.00

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: BEVERLY HILLS MEDICAL SKIN AESTETICS, LLC

Document number of Limited Liability Company is: L19000254606

Date of dissolution was: 10/05/2021

Description of information that must be included in a written claim:

CONSIDERING THE FACT THAT THE CORPORATION SINCE ITS OPENING THROUGH NOW, IT CANNOT  
PROVIDE AT LEAST ONE HALF OF ITS SUPPORT AND I HAVE TO KEEP SPENDING TO KEEP ACTIVE  
WITHOUT ANY HELP AND EXPECTATIONS, SO I DECIDED TO CLOSED IT UNTIL FURTHER NOTICES.  
THREFORE, IF I FELT THE DESIRE AGAIN, I WILL REOPEN IT IN THE FUTURE. SO SORRY FOR THAT  
INCOVENIENT THAT MAY CAUSE TO YOU .

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

6245 N. FEDERAL HWY. 502

FORT LAUDERDALE, FL 33308

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

ISSA YSSA, MANEL

Printed Name of the Person Filing

  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**