L20000138961

(Red	questor's Name)	
- (Ado	dress)	
(Ada	dress)	
(Cit	y/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	····

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COVER LETTER

TO:	Registration Section Division of Corporations									
	Division of Co	rporati	ons							
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SUBJECT: HAIR COMPANY OF OUNEDIN, 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:

DEANA EARBIN (Name of Person)
HAIR COMPANY OF DUNEOIN
204 NOIGO I EXPLACE
DUNCOIN R 3468 (City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) JK at (127 902-484)
(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

1. The name of a limited liability company is
HAIR COMPANY OF DUNEON, HC
2. The Articles of Organization were filed on 65/21/2020 and assigned ARTICLES of Organization were filed on 65/21/2020
document number <u>L20000138961</u>
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 limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
- CLOSED BUSINESS
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
2014 INDIGIOTER
DUNEDIN, FZ 34698
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:
Count of the EDWARD GARBINGR.
Signature Printed Name

FILING FEE: \$25.00