

120 0000 162 355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

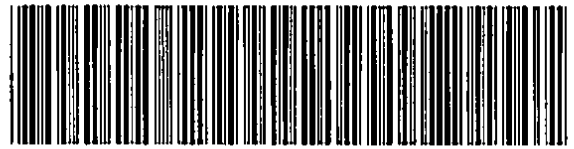
(Business Entity Name)

(Document Number)

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

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12/20/21--01908--026 \*\*25.00

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2021 DEC 20 PM 4:37  
CLERK OF SUPERIOR COURT  
JULIA A. HARRIS

*Dissolution*

DEC 28 2021

D CUSHING

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Gulf Coast Cosmetics, 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:

Tina Strobbe

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

Gulf Coast Cosmetics, LLC

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

4619 Caney Court

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

Port Richey, FL 34668

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

For further information concerning this matter, please call:

Tina Strobbe

727

868-2151

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

\_\_\_\_\_  
(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

FILED  
2021 DEC 20 PM 4:57  
TALLAHASSEE, FL  
CLERK OF CIRCUIT COURT

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Gulf Coast Cosmetics, LLC

2. The Articles of Organization were filed on 06/12/2020 and assigned  
document number L20000162385

3. The delayed effective date the dissolution if not effective on the date of filing: 12/9/2021  
(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).

Business Closure

Business Closure

Business Closure

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:

Imadelle

Signature

Fina Strobbe

Printed Name

**FILING FEE: \$25.00**

2021 DEC 30 PM 4:37  
FILED  
CLERK OF COURT  
JACKSONVILLE  
FLORIDA