

120000783162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

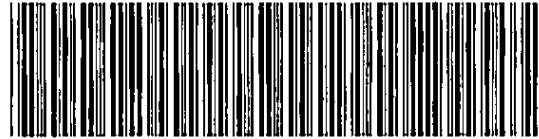
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400358804484

03/03/21--0101--010 **35.00

2021 FEB -5 AM 7:52

O SIMMONS

MAR 23 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DD HAIR & MAKEUP 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:

Issa H. Nieves Reyes

(Name of Person)

DD HAIR & MAKEUP SALON LLC

(Firm/Company)

513 stoney creek cir

(Address)

Durham NC 27703

(City/State and Zip Code)

For further information concerning this matter, please call:

Issa H Nieves Reyes

(Name of Person)

754

301-9422

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**

2021 FEB -5 AM 7:52

1. The name of a limited liability company is
DD HAIR & MAKEUP SALON LLC
2. The Articles of Organization were filed on September 10, and assigned
document number L20000283162
3. The delayed effective date the dissolution if not effective on the date of filing: 12/30/2020
(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).
Move out the state
Move out the state
Move out the state
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:


Signature

Issa H Nieves Reyes
Printed Name

FILING FEE: \$25.00