L21000026429

(F	Requestor's Name)
(<i>F</i>	Address)
(F	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(C	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:
	1
Signat	1
Ringe	Office Use Only



000390426760

07/05/22--01080--015 **130.00

2022 NOV 18 AH 10: 29

MOA 1 . 5055

COVER LETTER

TO:

TO: Registration Division of	n Section Corporations		
SUBJECT:C	INTRON HAIR CE		UTY SALON LLC
	Name of Limi	ted Liability Company	
Dear Sir or Madam;			
The enclosed Article	es of Revocation of Dissolution	on and fee(s) are submitted	I for filing.
Please return all corr	respondence concerning this t	matter to the following:	
	MARGARITA SANTO	\$	
	Name of Person		
CINTRON HAIF	R CENTER AND BEAU Firm/Company	JTY SALON LLC	
2626 EA	AST TAMIAMI TRIAL, Address	SUITE 6	:
N/	APLES, FLORIDA 341 City/State and Zip Code	12	
	(to be used for future annual rep		
For lutiner informat	ion concerning this matter, pl	lease can:	. (
	ARITA SANTOS	at (239)Area Code & l	961-8279 Daytime Telephone Number
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, Florida	tions ter Circle	P.O. Box 63	Section Corporations
Enclosed is a check	for the following amount:		
S100 Filing Fee	\$105 Filing Fee & Certificate of Status	\$130 Filing Fee & Certified Copy	S135 Filing Fee, Certificate of Status & Certified Copy
CR2E097 (8/05)			



October 11, 2022

MARGARITA SANTOS CARDENAS CINTRON HAIR CENTER AND BEAUTY SALON LLC 2626 EAST TAMIAMI TRAIL, SUITE 6 NAPLES, FL 34112

SUBJECT: CINTRON HAIR CENTER AND BEAUTY SALON LLC

Ref. Number: L21000026429

We have received your document for CINTRON HAIR CENTER AND BEAUTY SALON LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 622A00022751

Diane Cushing Senior Section Administrator

www.sunbiz.org

ARTICLES OF REVOCATION OF DISSOLUTION FLORIDA LIMITED LIABILITY COMPANY

Pursuant to section 608.4411, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution:

1.	The name of the company is CINTRON HAIR CENTER AND BEAUTY	SAL	ON LLC
2.	The document number of the company isL21000026429		
3.	The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State was 05/09/2022		-
4.	The revocation of dissolution was authorized in the same manner as the dissolution on11/03/2022	-; -;	31 AUN 205
_	natures of the members having the same percentage membership interests essary to approve the revocation of dissolution:		Aii 10: 21
Sig	nature Typed or Printed Name		29
	MARGARITA SANTOS CARDENAS		
- 	Filing Fee: \$100.00		

CR2E097 (8/05)

FILED May 09, 2022 Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

CINTRON HAIR CENTER AND BEAUTY SALON LLC

The document number of the limited liability company: L21000026429

The file date of the articles of organization: January 11, 2021

The effective date of the dissolution if not effective on the date of filing: May 9, 2022

A description of occurance that resulted in the limited liability company's dissolution:

NONE

The name and address of the person appointed to wind up the company's activities and affairs:

MARGARITA SANTOS CARDENAS 11490 WHISTLERS COVE CIR, APT 823 NAPLES, FL 34113 US

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: MARGARITA SANTOS CARDENAS

Electronic Signature of authorized person