L21000169165

(Requestor's Name)	_
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(Ĉity/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	-
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COVER LETTER

то:	Registration Section Division of Corporations	•				
CHRII	Davi Nails of Cooper City LLC					
(Name of Limited Liability Company)						
The en	nclosed Articles of Dissolution and fee(s) are submitted	f for tiling.				
Please	return all correspondence concerning this matter to the	e following:				
	Huong Thi Van					
	(Name of Person)					
	Davi Nails of Cooper City LLC					
	(Firm/Company)					
	4700 S FLAMINGO RD					
	(Address)					
	Fort Lauderdale, FL 33330					
	(City/State	and Zip Code)				
For fur	rther information concerning this matter, please call:					
	Huong Thi Van	954- 376-0601				
	(Name of Person)	at ()				
Enclose	ed is a check for the following amount:					
ļ	☐ \$25.00 Filing Fee and Certificate of Dissolution	S55.00 Filing Fee. Certificate of Dissolution & Certified Copy (additional copy is enclosed)				
Mailing Address:		Street Address:				
	Registration Section Division of Corporations	Registration Section Division of Corporations				
	P.O. Box 6327	The Centre of Tallahassee				
Tallahassee, FL 32314		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 Davi Nails of Cooper City LLC					
2.	The Articles of Organization were filed on April 22,	2025	_ and assigned			
	document number L21000169165	_				
3.	The delayed effective date the dissolution if not effective on the date of filing: May 22, 2025 (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).					
	Due to low business volume resulting in my low income.	it is not financially feasible	for me to keep this LLC.			
	Due to low business volume resulting in my low income,	it is not financially feasible	for me to keep this LLC.			
5.	If there are no members, enter the name and address	s of the person appointed	to wind up the company's			
	activities and affairs:					
			<u> </u>			
		<u> </u>	<u>.</u>			
6. al	Signature of an authorized person or if there are no bove to wind up the company's activities and affairs:	members, the signature o	f the person appointed and listed			
	Muon (hu ltu!	Huong Thi Van				
	Signature	Printed	d Name			

FILING FEE: \$25.00