

L21000181896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

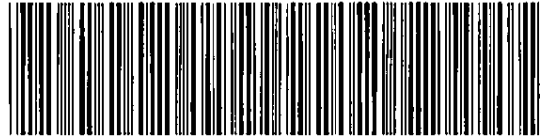
(Document Number)

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

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2024 NOV -8 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FL

*[Handwritten signature]*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Beautiful Journey Hair Supply, 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:

Monica Smith  
(Name of Person)  
Beautiful Journey Hair Supply, LLC  
(Firm/Company)  
235 Cloverdale Rd  
(Address)  
Winter Haven, FL 33884  
(City/State and Zip Code)

For further information concerning this matter, please call:

Monica Smith at (863) 660 0293  
(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

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 NOV -8 AM 10:00

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**MEMBERSHIP LISTING STATEMENT  
OF  
BEAUTIFUL JOURNEY HAIR SUPPLY, LLC**

A current list of the full name and last known business address of each member and manager, separately identifying the member(s) in alphabetical order and the manager(s), if any, in alphabetical order must be maintained at the registered agent office in Florida. Please complete and return this form to Inc Authority, LLC

Member(s) Name

Address

City, State, Zip

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Manager(s) Name

Address

City, State, Zip

<u>Monica Smith</u>	<u>235 Cloverdale Rd Winter Haven</u>	<u>FL 33884</u>
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<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Dated this 9 day of May, 2021.

*If this information should change, a replacement Membership Listing Statement must be mailed to Inc Authority, LLC within 30 days of the change. A duplicate Membership Listing Statement is located behind the tab Minutes, Meetings & Resolutions in the record book.*

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

1. The name of a limited liability company is

Beautiful Journey Hair Supply, LLC

2. The Articles of Organization were filed on April 19, 2021 and assigned

document number 621000181896

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).

I started the LLC and the business never  
got started. So I just decided to just  
dissolve it.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Monica Smith  
235 Cloverdale Rd  
Winter Haven, Fla. 33884

2024 NOV -8 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FL

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:

Monica Smith  
Signature

Monica Smith  
Printed Name

**FILING FEE: \$25.00**