

L21000220065

(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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2025 JAN 24 PM 5:50
CLERK OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bellia 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:

Stephanie Quinones
(Name of Person)

Bellia LLC
(Firm/Company)

8013 Lagos de Campo Blvd
(Address)

Tamarac FL 33321
(City/State and Zip Code)

For further information concerning this matter, please call:

Stephanie Quinones at (954) 718 4119
(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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

Bella LLC

2. The Articles of Organization were filed on 5/11/2021 and assigned

document number L21000220065

3. The delayed effective date the dissolution if not effective on the date of filing: 1/16/2025
(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).

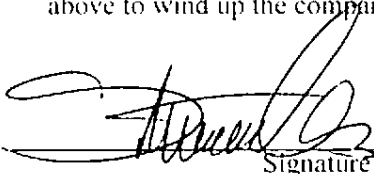
The business has not been active for at least
2 years. have not used the business or
made any income with the business for the
last 2 years. No longer need business.

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

8013 Lagos de campos blvd

Tamarac FL 33321

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

Stephanie Quinones
Printed Name

FILING FEE: \$25.00

2025 JAN 24 PM 5:50
DEPARTMENT OF STATE
CLERK OF COURTS

FILED

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Bella LLC

Document number of Limited Liability Company is: 121000220065

Date of dissolution was: 1/16/25

Description of information that must be included in a written claim:

Business has been inactive since 2023. NO
income through business. NO activity.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

8013 Lagos de Campo Blvd
Tamarac FL 33321

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Stephanie Guinones
Printed Name of the Person Filing

[Signature]
Signature of the Person Filing

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CLERK OF STATE
TALLAHASSEE, FLORIDA