

h22000076547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

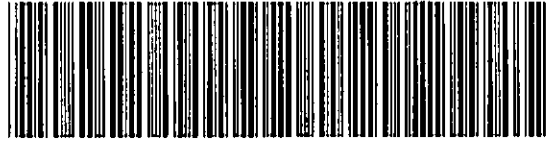
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MAR - 6 2023



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12/19/2022 11:11 AM

FILED
2022 DEC 19 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FL 32399

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Aesthetics Lab, 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:

Kimberly Isner Monticello, Esq.

(Name of Person)

Monticello Law Firm, P.A.

(Firm/Company)

2202 North Westshore Boulevard, Suite 200

(Address)

Tampa, Florida 33607

(City/State and Zip Code)

For further information concerning this matter, please call:

Kimberly Isner Monticello, Esq.

(Name of Person)

813

367-3677

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**

1. The name of a limited liability company is

The Aesthetics Lab, LLC

2. The Articles of Organization were filed on 02/16/2022 and assigned

document number L22000076547

3. The delayed effective date the dissolution if not effective on the date of filing: 11/30/2022
(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).

This LLC is being dissolved via consent of all members, pursuant to Section 605.0701(2) Florida Statutes.

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

Kimberly Isner Monticello, Attorney

Printed Name

FILING FEE: \$25.00


2022 DEC 19 AM 9:30
SECRETARY OF STATE
FILED

FILED

**Statement of Member of
THE AESTHETICS LAB, LLC,
AND BELLA MIA MEDICAL AESTHETICS
AND LASER INSTITUTE OF TAMPA, LLC**

- 1) My name is Dr. Pina Panchal, and I am the sole member of The Aesthetics, Lab, LLC, identified as document number L22000076547
- 2) I have another Florida LLC named Bella Mia Medical Aesthetics and Laser Institute of Tampa, LLC, identified as document number L16000053883.
- 3) Effective September 1, 2022, I became the sole member of Bella Mia Medical Aesthetics and Laser Institute of Tampa, LLC, and I have filed paperwork with the Division of Corporations contemporaneously with this letter to reflect that I am the sole member.
- 4) I have also filed paperwork with the Division of Corporations contemporaneously with this letter to dissolve ~~The Aesthetics Lab, LLC~~.
- 5) I am asking the Division of Corporations to wave the "waiting period" for use of the name "The Aesthetics Lab" after its dissolution.
- 6) I am requesting a waiver of the "waiting period" for use of the name "The Aesthetics Lab" because I would like to change the name of Bella Mia Medical Aesthetics and Laser Institute of Tampa, LLC to The Aesthetics Lab, LLC.
- 7) It is my understanding that since I am the sole member of both LLCs and the owner of both LLCs, that I am eligible for this waiver of the "waiting period".
- 8) I have retained the services of Kimberly Isner Monticello, Esq., to assist me with this process, and her contact information is (813) 367-3677 or kim@monticellowlawfirm.com if you have any questions about my request.

I declare under penalty of perjury under Florida law that the facts I have provided via this statement are true to the best of my knowledge and understanding.



DR. PINA PANCHAL, MEMBER
for The Aesthetics Lab, LLC, and for
Bella Mia Medical Aesthetics and Laser Institute of Tampa, LLC

12/8/2022
DATE SIGNED