L22000094364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JUN 26 2024

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.
1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 6/25/2024 **PRIORITY** Regular Approval **OUR REF # (Order ID#)** 1266606

ORDER ENTITY
YLM AESTHETICS LLC

PLEASE PERFORM THE FOLLOWING SERVICES:
YLM AESTHETICS LLC (FL)

File the attached dissolution document

NOTES:
$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: [illegible]
(Name of Limited Liability Company)

The enclosed Articles of [illegible] and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jermaine Allen
(Name of Person)

Shutts & Bowen LLP
(Firm/Company)

525 OKEECHOBEE BLVD, STE 1100
(Address)

West Palm Beach, FL 33401
(City, State and Zip Code)

For further information concerning this matter, please call:

Jermaine Allen at (561) 650-8554
(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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2024 JUN 20 9:20

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

   YLM AESTHETICS LLC

2. The Articles of Organization were filed on 03 07 2022 and assigned

   document number L22000094364

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).

   Consent of Sole Member to dissolve the Company.

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

   Yessenia L. Martin

   6794 ENTRADA PLACE, BOCA RATON, FL 33433

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

Yessenia L. Martin
Printed Name

FILING FEE: $25.00