

L22 000 119 878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

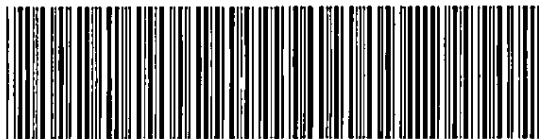
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C My Heart Wigs & Hairpieces, 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:

Carla M. Harp
(Name of Person)

C My Heart Wigs & Hairpieces, LLC
(Firm/Company)

1800 SE Saint Lucie Blvd 7-105 Stuart, FL 34996
rented at 322 SE Georgia Ave
(Address)

old address:
was mailing
1800 SE Saint Lucie
Blvd

7-105
Stuart, FL
34996

* Now
mailing Now:
7911 SE Paradise Dr
Stuart, FL 34997

Stuart, FL 34994
(City/State and Zip Code)

For further information concerning this matter, please call:

Carla M Harp at (706) 540-7997
(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

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

1. The name of a limited liability company is

C My Heart Wigs & Hairpieces, LLC

2. The Articles of Organization were filed on 3/9/22 and assigned

document number L 22000119878 03/09/2022

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.

Please
USE
Filing
Date

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 am 69 and the business was very slow
and I was going into debt to keep paying
for location etc. It was a part-time business.
Therefore, I am closing completely.

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

Carla M Harp
7911 SE PARADISE DRIVE
Stuart, FL
34997

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:

Carla M Harp
Signature

CARLA M HARP
Printed Name

FILING FEE: \$25.00

FILED
2023 DEC 19 PM 3:06
STATE
OF FLORIDA
TALLAHASSEE, FL