

L22 000 196 627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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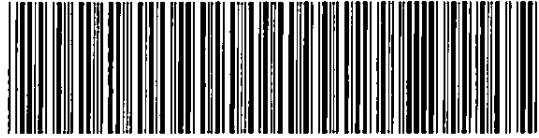
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER:

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Chop Bellview 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:

c/o Lisa Maguire

\_\_\_\_\_  
(Name of Person)

Chop Barber Shop LLC

\_\_\_\_\_  
(Firm/Company)

2546 Double Tree Place

\_\_\_\_\_  
(Address)

Oviedo, FL 32766

\_\_\_\_\_  
(City/State and Zip Code)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

Lisa Maguire

321

527-8992

at (

\_\_\_\_\_  
(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

Chop Bellview LLC

2. The Articles of Organization were filed on April 25, 2022 and assigned

document number L22000196627

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).

Business ceased operations and closed in August of 2023.

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

2546 Double Tree Place

Oviedo, FL 32766

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

Lisa Maguire  
Printed Name

**FILING FEE: \$25.00**

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TALLAHASSEE, FL

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