

L22000226230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

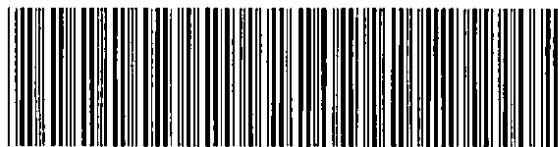
Certified Copies _____ Certificates of Status _____

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J DENNIS

AUG - 17 2023

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06/14/23--01012--012 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2023 JUN 14 PM 4:19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEAUTY NAILS JAX 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:

Amy Divido

(Name of Person)

THE BOOKKEEPING ANALYST LLC

(Firm/Company)

9446 Philips Highway Suite 5b

(Address)

Jacksonville, Fl. 32256

(City/State and Zip Code)

For further information concerning this matter, please call:

Amy Divido

(Name of Person)

904

349-5265

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**

FILED
SECRETARY OF STATE
2023 JUN 14 PM 4:19

1. The name of a limited liability company is
BEAUTY NAILS JAX LLC

2. The Articles of Organization were filed on 05/13/2022 and assigned
document number L22000226230

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).

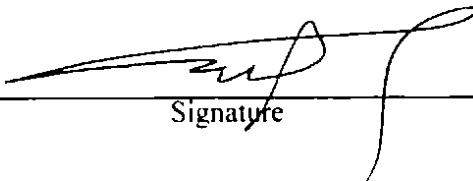
closed for business February 2023

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

1438 Tripper Drive jacksonville fl 32211

904-514-7373

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

Salah Abboud

Printed Name

FILING FEE: \$25.00