## L22000497055

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	s to Filing Officer:	
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CIVISIÓN JEST PHI2: 40

37 146 R. HUNT 09/01/73

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited	liability company is		
RENU Aesthetics p.l.l.c.			
. The Articles of Organi	ization were filed on October 29, 2022	and assigned	
document number L22	2000497055		
(ef Note: If the date insert	date the dissolution if not effective on the fective date cannot be prior to or more than 90 days ed in this block does not meet the applicable s effective date on the Department of State's re-	s later than date document is received for filing) statutory filing requirements, this date will not	t be
A description of occur 605.0707, Florida State	rence that resulted in the limited liability (utes, (copy 605.0707 on back cover letter)	company's dissolution pursuant to section	a
the consent of all membe			
			~>
			023
	rs, enter the name and address of the perso	on appointed to wind up the company's	2023 SEP - 1 PM 12:
activities and affairs:			: و
		<u>.</u>	P# 12: <b>L0</b>
		4	
			<b>)</b>
<ol> <li>Signature of an author bove to wind up the com</li> </ol>	ized person or if there are no members, the pany's activities and affairs:	e signature of the person appointed and li	sted
1	Lisa Kislir	ng Thompson	
Shehati		Printed Name	

FILING FEE: \$25.00

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	RENU Aesthetics, p.l.l.c.		
SUBJECT: _	(Name of Limit	ted Liability Company)	—
The enclosed A	Articles of Dissolution and fee(s) are submit	tted for filing.	
Please return a	ll correspondence concerning this matter to	the following:	
	Lisa Kisling Thompson		
	(Nai	me of Person)	
	(Fir	m/Company)	<b>~</b> 2
	14286 Beach Heather Ct.		2023 SEP - 1
	Pensacola, FL 32507	(Address)	
	(City/Sta	ate and Zip Code)	PH 12: 40
For further info	ormation concerning this matter, please call	:	0
Lisa I	Kisling Thompson	719 310-2117 at ()	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a ch	eck for the following amount:		
<b>= \$2</b> 5.00	0 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
	ng Address:	Street Address:	
	Registration Section Registration Section		
	sion of Corporations	Division of Corporations The Centre of Tallahassee	
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	
		Tallahassee, FL 32303	