L22000524118

(Requestor's Name)								
(Address)								
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(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(,,,								
(Document Number)								
Certified Copies Certificates of Status								
Consideration to Siling Officers								
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PILED
2024 JUN 28 PH 4: 00

COVER LETTER

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TO:

Registration Section Division of Corporations

SUBJECT:	Salty Roots Beauty Company									
	(Name of Limited Liability Company)									
The enclosed Articles of Dissolution and fec(s) are submitted for filing.										
Please return all correspondence concerning this matter to the following:										
	Lindsey Miller									
	(Name of Person)									
	Salty Roots Beauty Company									
	(Firm/Company)									
	206 Ashourian Ave									
	(Address)									
	St Augustine, FL 32092									
	(City/State	and Zip Code)								
For further information concerning this matter, please call:										
Lin	dsey Miller	813 777-5836 at ()								
	(Name of Person)	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)								
Rep Div P.C	iling Address: gistration Section vision of Corporations D. Box 6327 Illahassee, 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

1.	The name of a limited liability company is Salty Roots Beauty Company LLC				2024 JUN 28				
	Sany Roots Deatify Company 2202				TALLAHASSE	É EI			
2.	. The Articles of Organization were filed on $\frac{1}{2}$	2/14/2022				. L. # 1 L	TOUIDH		
	document number 1.22000524118								
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 t 605,0707, Florida Statutes, (copy 605,0707 o	he limited n back co	l liability ec ver letter).	ompany's di	ssolution pursua	int to	section		
	Owner has decided to dissolve company and sper		•	ead of worki	ng on clients.				
5.	If there are no members, enter the name and activities and affairs: Lindsey Miller	address o	f the person	appointed (to wind up the co	ompa	ny's		
6. ab	Signature of an authorized person or if there pove to wind up the company's activities and a	are no me affairs:	embers, the	signature of	f the person appo	ointed	—— I and listed		
\succ			Lindsey Mil	ler					
	Signature	-		Printec	l Name				
\	, / FI	LING FE	E: \$25.00						