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(11)

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

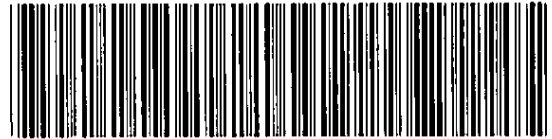
(Business Entity Name)

(Document Number)

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2024 JUN 10 AM 11:11

CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: USI HAIR & NAILS SALON 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:

KAMLA RAMKISSOON
(Name of Person)

USI HAIR & NAILS SALON LLC
(Firm/Company)

16405 SW107 CT
(Address)

MIAMI FLORIDA 33157
(City/State and Zip Code)

For further information concerning this matter, please call:

Kamla Ramkisson at (786) 417-6358
(Name of Person) (Area Code & Daytime Telephone Number)
CLL

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

US I HAIR & NAILS SALON LLC

2. The Articles of Organization were filed on 04/25/2023 and assigned

document number L23000204819

3. The delayed effective date the dissolution if not effective on the date of filing: 4/19/2024
(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).

Am unable to work the Salon due to
Arthritis on my hands.

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

KAMLA RAMKISSOON

16405 SW 107th

Miami FL, 33157

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:

Kamla Ramkisson
Signature

KAMLA RAMKISSOON
Printed Name

FILING FEE: \$25.00

FILED
2024 JUN 10 AM 11
CLERK OF
DEPARTMENT OF
STATE