

L2300025706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

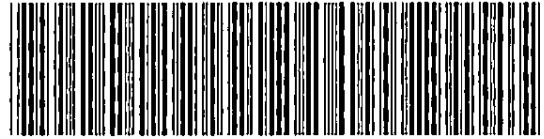
(Document Number)

Certified Copies _____ Certificates of Status _____

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01/12/24--01022--022 **55.00

FILED
24 JAN 12 PM 12:23
TALLAHASSEE, FLORIDA

COVER LETTER

TO: • Registration Section
Division of Corporations

SUBJECT: True Lips
(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:

Natalee Kaye Wirth
(Name of Person)

(Firm/Company)

861 N.W. 17th St
(Address)

Miami Gardens FL 33169
(City/State and Zip Code)

For further information concerning this matter, please call:

Natalee Wirth at (305) 833 7607
(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

FILED
24 JAN 12 PM 12:24
TALLAHASSEE
FLORIDA

1. The name of a limited liability company is True Lips
2. The Articles of Organization were filed on 05/10/2023 and assigned document number 12300025706
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).

Not ready.

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

Self Natalie K. Wirth
801 NW 179th St
Miami Gardens FL 33169

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

Natalie Wirth
Printed Name

FILING FEE: \$25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: True Lips
(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:

Natalie Kaye Wirth
(Name of Person)

(Firm/Company)

801 N.W. 17th St.
(Address)

Miami Gardens FL 33169
(City/State and Zip Code)

For further information concerning this matter, please call:

Natalie Wirth at (305) 833 7607
(Name of Person) (Area Code & Daytime Telephone Number)

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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
24 JAN 12 PM 12:25
HALL COUNTY CLERK
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

TRUE LIPS

2. The Articles of Organization were filed on 05/10/2023 and assigned

document number 12300025706

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.

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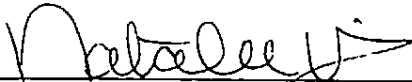
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

SELF NATALIE K. WINT

801 NW 179th St

Miami Gardens FL 33169

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

Natalie Wint
Printed Name

FILING FEE: \$25.00