

9/18/24, 2:42 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L23000515940

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : WARD, DAMON & POSNER, P.A.
Account Number : 072262000447
Phone : (561)842-3000
Fax Number : (561)842-3626

LLC DISSOLUTION OR WITHDRAWAL
BARBER LIVE VIDA LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

2024 SEP 18 PM 3:23

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 SEP 18 PM 1:06

Email: ward@warddamon.com

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Corporate Filing Menu

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SEP 18 2024
K. Brumble

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BARBER LIVE VIDA 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:

CATHLEEN D. WARD

(Name of Person)

WARD DAMON PL

(Firm/Company)

4420 BEACON CIRCLE

(Address)

WEST PALM BEACH, FL 33407

(City/State and Zip Code)

For further information concerning this matter, please call:

CATHLEEN WARD at (561) 842-3000

(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

1. The name of a limited liability company is
BARBER LIVE VIDA LLC

2. The Articles of Organization were filed on 11/16/2024 and assigned
document number L23000515940

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).
The members and managers have unanimously determined it is in their best interest to dissolve the Company.

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

2024 SEP 18 PM 1:06

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

Cathleen D. Ward
Printed Name

FILING FEE: \$25.00