

P06000153312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

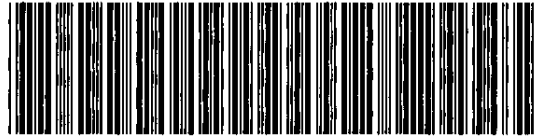
(Business Entity Name)

(Document Number)

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07 JUN 22 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

*dis*

C. Goulette JUN 22 2007

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HAIR BY LUCIA, INC  
(Name of Partnership)

**DOCUMENT NUMBER:** P06000153312

The enclosed Statement of Dissolution for Partnership and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ILEANA CORDERO  
(Name of Person)

*Wrong form*

HAIR BY LUCIA, INC  
(Firm/Company)

1230 WEST 54 ST # 312 A  
(Address)

HIALEAH, FLORIDA 33012  
(City/State and Zip Code)

For further information concerning this matter, please call:

ILEANA CORDERO at ( 786 ) 663-5109  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 15, 2007

ILEANA CORDERO  
HAIR BY LUCIA, INC.  
1230 WEST 54 ST #312 A  
HIALEAH, FL 33012

SUBJECT: HAIR BY LUCIA, INC  
Ref. Number: P06000153312

We have received your document for HAIR BY LUCIA, INC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

You have submitted an incorrect form to dissolve your corporation. Please complete the enclosed form and return with remaining fees due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette  
Document Specialist

Letter Number: 107A00033761

RECEIVED  
07 JUN 22 AM 8:00  
DIVISION OF CORPORATIONS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Hair by Lucia, Inc

**DOCUMENT NUMBER:** P06000153312

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ileana Cordero  
(Name of Contact Person)

Hair by Lucia, Inc  
(Firm/Company)

1230 West 54 st # 312  
(Address)

Healeah, Fla 33012  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ileana Cordero at (786) 663-5109  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Hair by Lucia, Inc.

SECOND: The document number of the corporation (if known): PD6000153312

THIRD: The date dissolution was authorized: 2-1-06

Effective date of dissolution if applicable: 2-1-06  
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

President, Vice President & director  
(voting group)

Signature: \_\_\_\_\_

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Ileana Cordero

(Typed or printed name of person signing)

President

(Title of person signing)

07 JUN 22 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

Filing Fee: \$35