

P13 000019618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

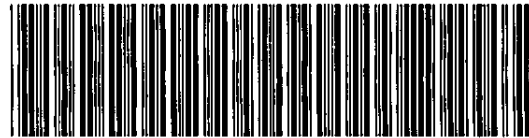
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200263389522

09/29/14--01015--024 \*\*35.00

FILED  
14 SEP 29 PM 3:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CRM  
10-7-14

9/25/14

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of corp.

**DOCUMENT NUMBER:** W13000008698. P130000019618

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

Please return all correspondence concerning this matter to the following:

Elizabeth Fernandez

(Name of Contact Person)

La Belle Boutique Inc.

(Firm/Company)

13850 SW 62nd St #101

(Address)

Miami, FL 33183

(City/State and Zip Code)

14 SEP 29 PM 3:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Elizabeth Fernandez

(Name of Contact Person)

at ( 786 ) 651-0404.

(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:

La Belle Boutique Inc.

SECOND: The document number of the corporation (if known): W13000008698

THIRD: The date dissolution was authorized: March 2014.

Effective date of dissolution if applicable: March 2014.  
(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

\_\_\_\_\_  
(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)

Elizabeth Fernandez

(Typed or printed name of person signing)

President.

(Title of person signing)

Filing Fee: \$35

FILED  
14 SEP 29 PM 3:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: La Belle Boutique Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

I have sent three letter for the corp to be closed  
from Feb 2014 and nothing has been down. I hope  
this time it will get taken care of.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

13850 SW 62nd St #101  
Miami, FL 33183.

FILED  
14 SEP 29 PM 3:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Elizabeth Fernandez

Printed Name of the Person Filing

E Fernandez

Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**