P14000102232

(Requesto	r's Name)	-
(Address)		
(Address)		<u> </u>
(
(City/State	/Zip/Phone #)	
	NAME OF TAXABLE PARTY.	—
PICK-UP	WAIT	MAIL
(Business	Entity Name)	
(Documen	t Number)	
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Certified Copies (ertificates of S	status
Special Instructions to Filing C	 Officer:	
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

Amendment Section

P.O. Box 6327

Division of Corporations

SUBJECT: Notice of Corporate	Dissolution of LA-TE	-DA SALON & SPA,	INC.
DOCUMENT NUMBER: _	14000102232		
The enclosed Articles of Disse	olution and fee are	submitted for filir	ng.
Please return all corresponden	ce concerning this	matter to the follo	wing:
Michael S. Hagen			
	(Name of Conta	ct Person)	
Hagen Law Firm			
	(Firm/Con	npany)	
5290 Summerlin Commons Way Sto	: 1003		
	(Address	s)	
Fort Myers FL 33907			
	(City/State and	Zip Code)	
For further information concer	ning this matter, p	lease call:	
Michael S. Hagen	,	at (39-275-0808 (Daytime Telephone Number)
(Name of Contact P		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following	lowing amount:		
■ \$35 Filing Fee □ \$43.75 F Certificat	e of Status — Ce (Ad	43.75 Filing Fee & rtified Copy Iditional copy is closed)	□ \$52.50 Filing Fee. Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address:		Stre	et Address:

Amendment Section

Division of Corporations

The Centre of Tallahassee

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-TE-DA SALON & SPA, INC.	
SECOND:	The document number of the corporation (if known):	_
THIRD:	The date dissolution was authorized:	_
	Effective date of dissolution if applicable: 10-9-2021	_
	(no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date not be listed as the document's effective date on the Department of State's records.	will
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation. Signature: (Ity 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)	
	VINCENT HUTT	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	-

Filing Fee: \$35

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-TE-DA SALON & SPA, INC.	
The above named corporation is the subject of dissolution and the effective date of a 10-9-2021	dissolution is:
(date filed with the Dept. if date specified in the Articles of Dissolut	tion)
Description of information that must be included in a claim:	
1. NAME OF CLAIMANT;	
2. SPECIFIC BASIS FOR CLAIM INCLUDING DATE WHEN SERVICE OR GOODS WI	ERE PROVIDED;
3. AMOUNT OF CLAIM;	202 SE
4. CONTACT INFORMATION FOR CLAIMANT (ADDRESS, PHONE #, EMAIL ADDR	ESS AND CONTACTS
PERSON)	32 80
Mailing address where written claims can be sent: (Claims cannot be sent to the Divi-	sion of Corporations)
6953 WITTMAN DR. FORT MYERS FL 33919	
A claim against the above named corporation will be barred unless a proceeding to erwithin 4 years after the filing of this notice.	nforce the claim is commenced
	, 0
VINCENT HUTT, PRESIDENT	1
Printed Name of the Person Filing Signature	of the Person Filing

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