

Signature: MARIA ECHEVERRI MANAGER

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Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

## **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.

Name of Corporation:

TOP LASHES STUDIO, 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:

BUSINESS NOT PROVIDING SERVICES AS OF MID DECEMBER, 2024 AND THEREFORE WE HAVE CEASED WORK AND HAVE CLOSED DUE TO SEVERE DISABILITY OF MANAGER HENRY MARTINEZ.

Mailing address where claims can be sent:

10237 NW 51ST TERRACE  
MIAMI, FL 33178 US

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: MARIA ECHEVERRI

Electronic Signature of the Person Filing