

814003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

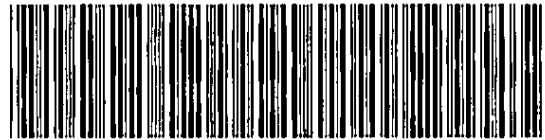
(Document Number)

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

Special Instructions to Filing Officer:

Spoke to  
Kendra Hanley  
about crim  
connections  
5/26

Office Use Only



900343146429

04/23/20--01015--019 \*\*35.00

FILED  
2020 MAY 26 AM 11:37  
SECRETARY OF STATE  
TALLAHASSEE, FL

Call  
6/8/20



2020 MAY 11 11:46  
FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 8, 2020

LINDA HANLEY  
220 OCEAN PALM DRIVE  
FLAGLER BEACH, FL 32136

SUBJECT: LINDA HANLEY & COMPANY SALON, INC.  
Ref. Number: S14003

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 607.1407 or 617.1047, Florida Statutes, requires a Notice of Corporate Dissolution contain a description of the information that must be included in a claim.

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) 245-6050.

Querida R Moore  
Regulatory Specialist II

Letter Number: 320A00009512

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LINDA HANLEY & COMPANY SALON, INC  
\_\_\_\_\_

**DOCUMENT NUMBER:** S14003  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

LINDA HANLEY  
\_\_\_\_\_

(Name of Contact Person)

LINDA HANLEY & COMPANY SALON, INC  
\_\_\_\_\_

(Firm/Company)

220 OCEAN PALM DRIVE  
\_\_\_\_\_

(Address)

FLAGLER BEACH, FL 32136  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

LINDA HANLEY  
\_\_\_\_\_

(Name of Contact Person)

at ( 386-793-5949

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>enclosed) |
|---|--|---|---|

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED

2020 MAY 26 AM 11: 37

ARTICLES OF DISSOLUTION

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:  
LINDA HANLEY & COMPANY SALON, INC.

SECOND: The document number of the corporation (if known): S14003

THIRD: The date dissolution was authorized: 12/31/2019

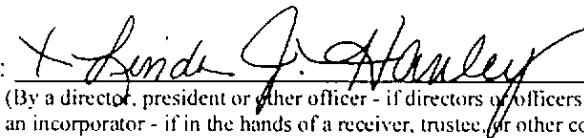
Effective date of dissolution if applicable: 03/25/2020

(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 will not be listed as the document's effective date on the Department of State's records.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

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)

LINDA HANLEY

(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: LINDA HANLEY & COMPANY SALON, INC.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: 12/31/2019

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

REASON FOR CLAIM \_\_\_\_\_

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

LINDA HANLEY & COMPANY SALON, INC

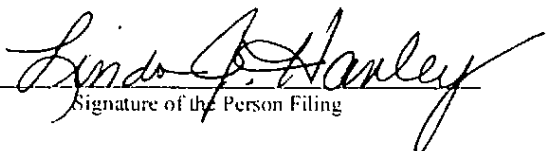
220 OCEAN PALM DRIVE

FLAGLER BEACH, FL 32136

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.

LINDA HANLEY

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**