

LIS00014855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

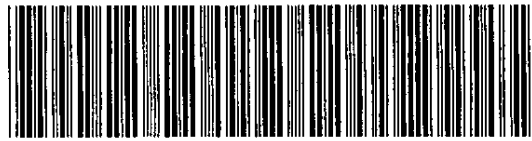
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100303913031

09/29/17--01029--013 **25.00

FILED
17 SEP 29 PM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
OCT 2 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANGIE'S & PATTY'S BEAUTY SALON, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

PATRICIA PEREZ
(Name of Person)

AUTHORIZED MEMBER
(Firm/Company)

4933 SW 129 AVE
(Address)

MIAMI, FL 33175
(City/State and Zip Code)

For further information concerning this matter, please call:

ANDY HERNANDEZ at (305) 661-6641
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

FILED
SEP 29 11:02
REGISTRATION SECTION

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Angie's & Patty's Beauty Salon LLC

2. The Articles of Organization were filed on 07/02/2015 and assigned

document number L15000114855

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

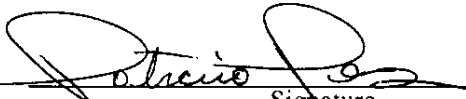
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

All assets of company were sold and the
company closed

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: _____

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:


Signature

Patricia Perez
Printed Name

FILED
SEP 29 AM 11:07
17

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: ANJEE'S + PATTY'S BEAUTY SALON LLC

Document number of Limited Liability Company is: L15000114855

Date of dissolution was: 9/25/17

Description of information that must be included in a written claim:

CLAIMANT

AMOUNT OF CLAIM

ADDRESS OF CLAIMANT

BASES FOR CLAIM

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

PATRICIA PEREZ

4933 SW 129 AVE

MIAMI, FL 33175

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17 SEP 29 AM 11:02
STATE OF FLORIDA
DIVISION OF CORPORATIONS

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

Patricia Perez
Printed Name of the Person Filing

Patricia Perez
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00