

L040000062010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

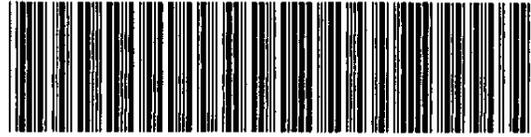
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/26/15--01013--013 **25.00

FILED

2015 FEB 25 AM 10:28

CLERK OF STATE
TALLAHASSEE, FLORIDA

99. Coligan MAR 9 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Natural Medicine Center of Lakeland 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:

Angela Boatright
(Name of Person)

(Firm/Company)

6402 Longoak Ct.
(Address)

Lakeland, FL 33811
(City/State and Zip Code)

For further information concerning this matter, please call:

Angela Boatright at (863) 286-2772
(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)

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

FILED
2015 FEB 26 AM 10: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
Natural Medicine Center of Lakeland LLC
2. The Articles of Organization were filed on 8/23/2004 and assigned
document number L04000062010
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)
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).
Business 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: Angela Boatright
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:

Angela Boatright
Signature

Angela Boatright
Printed Name

FILING FEE: \$25.00