

LOB 000064866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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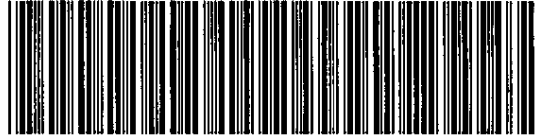
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE FLORIDA

B. BOSTICK

SEP 10 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Steiner Spa Resorts (AC FLORIDA), 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:

Robert C. Boehm
(Name of Person)

Steiner Management Services, LLC
(Firm/Company)

770 S. Dixie Highway, Suite 200
(Address)

Coral Gables, FL 33146
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert C. Boehm at (305) 358 9002 Ext. 1289
(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

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2014 SEP - 2 P 4 2069

DEPT. OF STATE
TALLAHASSEE, FL

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

1. The name of a limited liability company is

Steiner SPA Resorts (RC FLORIDA), LLC

2. The Articles of Organization were filed on June 27, 2006 and assigned

document number L06000064866

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).

Action of sole member, in accordance with Section
605.0701 (2) - (Florida Statutes).

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

N/A

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

Robert C. Boehm, S.V.P., General
Printed Name
Counsel & Secretary

FILING FEE: \$25.00

FILED

2014 SEP - 2 P 4: 30 PM
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA