## L14000 181962

(Re	questor's Name)			
(Ad	dress)			
(Address)				
`	,			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
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SECRETARY OF STATE
TAILAHASSEE, FLORIDA

#### **COVER LETTER**

TO:

Registration Section Division of Corporations

### Meditique Laser Skin Care, 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:

Susan Von Hoene, Esq.

(Name of Person)

Von Hoene Law Firm, PLLC

(Firm/Company)

P. O. Box 1527

(Address)

Santa Rosa Beach, FL 32459

(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Von Hoene, Esq. 850

(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

1.	The name of a limited liabil	ty company is			
	Meditique Laser Skin Care, LL	.C			
2.	The Articles of Organization			and assigned	
	document number L1400018	1962			
3.	The delayed effective date the deflective	ne dissolution if not date cannot be prior to or nis block does not mee	effective on the date of filing more than 90 days later than date d the applicable statutory filing re	ocument is received for ming)	эe
4.	A description of occurrence 605.0707, Florida Statutes, (	that resulted in the licopy 605.0707 on ba	imited liability company's disck cover letter).	ssolution pursuant to section	ì
	Company was unable sustain bu	isiness and closed in M	1ay 31, 2015		
5.	If there are no members, enter	er the name and addr Susan Von Hoene, E.	ress of the person appointed t	SECRETARY OF SHAPAN o wind up the SHAPAN	
	activities and affairs:	Von Hoene Law Firm		<u> </u>	
	,	P. O. Box 1527			
		Santa Rosa Beach, F	L 32459		
6. lis	Signature of an authorized p ted above to wind up the con-	erson or if there are a apany's activities and	no members, the signature of I affairs:	the person appointed and	
	DOM (		Susan Von Hoene		
	Signature		Printed	Name	
1		EII IN	C FFF: \$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: 1	deditique Laser Skin Care, LLC
Document number of Limited Liability C	Company is: L14000181962
Date of dissolution was: 7/29/20	16
Description of information that must be i	ncluded in a written claim:
Name of debtor	
Debtor's mailing add	dress, phone and e-mail
Amount of	dest
LERVICES }	Ronded ginns & Se
Susan Von Hoer Von Hoene Law P. O. Box 1527 Santa Rosa Bea	Firm, PLLC  SSEF, FLORIGATION  S

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.

Susan Von Hoene

Printed Name of the Person Filing

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