

L03 0000001439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

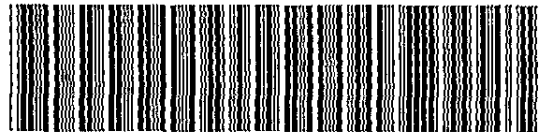
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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600062140626

12/15/05--01007--019 **30.00

EFFECTIVE DATE

12/31/05

FILED

05 DEC 15 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan DEC 19 2005

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Healing Palms Massage Therapy, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Joseph McLaughlin

(Name of Person)

(Firm/Company)

6979 Aptos Court

(Address)

Las Vegas, NV 89113

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph McLaughlin

(Name of Person)

at (305) 923-3248

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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

EFFECTIVE DATE
12/31/05

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
Healing Palms Massage Therapy, LLC

2. The Articles of Organization were filed on January 13, 2003 and assigned document number
L03000001439

3. The date the dissolution was approved: 12/1/05, EFFECTIVE 12/31/05

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
608.441, Florida Statutes, (copy 608.441 on back cover letter).

Pursuant to s. 608.441(1)(c), the Managing (and sole) Member hereby gives his
written consent to the dissolution of the LLC. The dissolution to be effective
as of December 31, 2005.

5. CHECK ONE:

☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.

-OR-

☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective
rights and interests.

7. CHECK ONE:

☒ There are no suits pending against the company in any court.


-OR-

☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be
entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name



Joseph M. McLaughlin (100% interest)

FILING FEE: \$25.00

FILED
05 DEC 19 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA