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Division of Corporations

Page 1 of 1

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Florida Department of State
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : STANLEY A. GOLDSMITH, ATTORNEY AT LAW
Account Number : 120000000069
Phone : (941)955-4990
Fax Number : (941)955-4997

LIMITED LIABILITY DISSOLUTION

BODY WORKS DAY SPA, LLC

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| Certificate of Status | 0 |
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ARTICLES OF DISSOLUTION

of

BODY WORKS DAY SPA, L.L.C.

Pursuant to the provisions of Section 608.445, Florida Statutes, the undersigned Limited Liability Company adopts the following Articles of Dissolution for the purpose of dissolving the Limited Liability Company:

1. The name of the Limited Liability Company is **BODY WORKS DAY SPA, L.L.C.**, and its Florida document number is L03000015119.
2. The effective date of dissolution of the Limited Liability Company is June 2, 2004.
3. The occurrence that resulted in the Limited Liability Company's dissolution pursuant to F.S. 608.441 (c) was the written consent of all the Members of the Limited Liability Company.
4. All debts, obligations and liabilities of the Limited Liability Company have been paid or discharged or adequate provision has been made therefore pursuant to F.S. 608.4421.
5. All of the remaining property and assets of the Limited Liability Company have been distributed to its Sole Member in accordance with her rights and interests.
6. There are no suits pending against the Limited Liability Company in any court or adequate provision has been made for the satisfaction of any judgment, order, or decree, which may be entered against the Company in any pending actions or proceedings.

Dated 6-2-04

BODY WORKS DAY SPA, L.L.C.,
A Florida Limited Liability Company,

By: 

Rita M. Fraquelli, Its Sole Member and
Managing Member

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TALLAHASSEE, FLORIDA

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STATE OF FLORIDA)
COUNTY OF SARASOTA) ss:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The foregoing Articles of Dissolution of BODY WORKS DAY SPA, L.L.C., were acknowledged before me this 2d day of June 2004, by Rita Fraquelli, its Managing Member and Sole Member. She is personally known to me or ~~has produced as identification~~ and did not take an oath. If no type of identification is indicated, the above-named person is personally known to me.



Stanley A. Goldsmith
Signature of Notary Public
STANLEY A. GOLDSMITH
Print Name of Notary Public
I am a Notary Public of the State of
FL and my commission
expires on 12/13/07.

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