

L03000026835

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Professional Massage & Healthy Alternatives, 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:

Deborah Grise

(Name of Person)

Professional Massage & Healthy Alternatives

(Firm/Company)

1852 SW Palm City Road #106

(Address)

Stuart, FL 34994

(City/State and Zip Code)

For further information concerning this matter, please call:

Deborah Grise

(Name of Person)

at (772) 486-0001

(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

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05 JAN 13 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 28, 2005

DEBORAH GRISE
1852 SW PALM CITY ROAD #106
STUART, FL 34994

SUBJECT: PROFESSIONAL MASSAGE & HEALTHY ALTERNATIVES, LLC
Ref. Number: L03000026835

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TALLAHASSEE, FLORIDA

We have received your document for PROFESSIONAL MASSAGE & HEALTHY ALTERNATIVES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 805A00073758

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

1. The name of a limited liability company is

Professional Massage & Healthy Alternatives, LLC

2. The Articles of Organization were filed on 7/22/03 and assigned document number
L03000026835

3. The date the dissolution was approved: November 1, 2005

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).

No longer in business.

05 JAN 13 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

David M. Grise
Deborah Grise

Printed Name

David M. Grise

Deborah Grise

FILING FEE: \$25.00