Electronic Filing Cover Sheet

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(((H040000596073)))

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : BUSINESS FILINGS Account Number : 105256001620

: (608)827-5300 Fax Number : (608)827-5501

LIMITED LIABILITY DISSOLUTION

ANDERSEN MASSAGE THERAPIES LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

NOTERSTAND TO NOTARIE

Electronic Filing Menu

Corporate Filing

https://efile.sunbiz.org/scripts/efilcovr.exe

3/19/2004

ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is	Andersen Massage Therapies LLC
2. The effective date of the limited liability compa	any's dissolution is March 3, 2004
3. A description of the occurrence that resulted in Osection 608,441, Florida Statutes, (copy of 608	n the limited liability company's dissolution pursuant to 8.441 on back of cover letter).
DON'T HAVE ENOUGH	work, to b so 5
Able to Day agents	FEE. Hopefully this will =
charge in the near f	ature, but right NOW on
d EtiNATELI NOT.	
	FLC:
 CHECK ONE: All debts, obligations and liabilities of the limi OR- 	ted liability company have been paid or discharged.
	ts, obligations and liabilities pursuant to s. 608.4421.
All remaining property and assets have been di respective rights and interests.	istributed among its members in accordance with their
6. CHECK ONE: There are no suits pending against the compan-OR-	y in any court.
	sfaction of any judgment, order or decree, which may
Signatures of the members having the same perce dissolution:	ntage of membership interests necessary to approve the
Signature \(\)	Typed or Printed name
Ven S. Didusen	Dean Andersen, Member

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Filing Fee: \$25.00