

LO70000 78122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

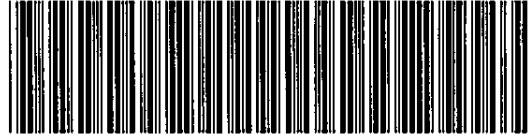
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700271295207

04/06/15--01021--004 **25.00

FILED
15 APR -6 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 21 2015

4/30

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Laser Aesthetics and Wellness, 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:

Stacey Wade
(Name of Person)

Orlando Internal Medicine
(Firm/Company)

1507 S. Hiawasse Road, Suite #107
(Address)

Orlando, FL 32835
(City/State and Zip Code)

For further information concerning this matter, please call:

Stacey Wade at (407) 445-9545 x222
(Name of Person) (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 liability company is

Laser Aesthetics and Wellness, LLC

2. The Articles of Organization were filed on 9-16-2003 and assigned

document number L03000035122

3. The delayed effective date the dissolution if not effective on the date of filing: 4-30-2015 ^(RG)
~~3-31-2015~~
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

The Consent of All Members

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:



Signature

R Conicy

Printed Name

FILING FEE: \$25.00

15 APR - 6 AM 11:06
SECRETARY OF STATE
ALACHUA COUNTY, FLORIDA

FILED