L05000/09874

| (Requestor's Name) | | |
|---|--------|--|
| | | |
| (Address) | | |
| | | |
| (Address) | _ | |
| (in the state of | | |
| (Ch. ICharle Cir. IChana 40 | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| • | | |
| (Business Entity Name) | | |
| (Cashisas Linity Mains) | | |
| | | |
| (Document Number) | | |
| | | |
| Certified Copies Certificates of Status | | |
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| Cassial lastrustions to Filips Officer | \neg | |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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05/05/10--01037--001 **25.00

DIVISION OF CORPORATION

T. HAMPTON
MAY 1 0 2010
EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|--|--|--|--|
| SUBJECT: Massage Zone, 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: | | | |
| Melody Geissler (Name of Person) | | | |
| Re: Mussage Zone, LLC (N/A) | | | |
| 10536 Martfield Ct. | | | |
| Jac. Kson ville, FL 32256 (City/State and Zip Code) | | | |
| For further information concerning this matter, please call: | | | |
| Melody Geissler at (904) 894-7071 (Name of Person) (Area Code & Daytime Telephone Number) | | | |
| Enclosed is a check for the following amount: \$\sumset\$ | | | |

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



10 May -5 AM 10 05

| 1. The name of a limited liability company is | · |
|--|---|
| Massage Zon | e. LLC |
| , , , | |
| 2. The Articles of Organization were filed on | and assigned document number |
| L05000109874 | |
| 21.12 | 1.1.00.0 |
| 3. The date the dissolution was approved: $0.1/3$ | , |
| A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back cov | d liability company's dissolution pursuant to section er letter). |
| Agreed upon Termination of | Lease for Finacial reasons, |
| by both partners of said | |
| | |
| 5. CHECK ONE: | |
| All debts, obligations and liabilities of the lin | nited liability company have been paid or discharged. |
| OR- Adequate provision has been made for the de | ebts, obligations and liabilities pursuant to s. 608.4421. |
| <u> </u> | ed among its members in accordance with their respective |
| rights and interests. | od allong its members in accordance with their respective |
| 7. CHECK ONE: | |
| There are no suits pending against the compa | iny in any court. |
| OR- | tisfaction of any judgment, order or decree which may be |
| entered against it in any pending suit. | to action of any judgment, crack or accide which may be |
| | |
| Signatures of the members having the same percentage of n | nembership interests necessary to approve the dissolution: |
| Signature | Printed Name |
| Nelodeleiser | |
| | Melody Geissler |
| Darlen Suazo | Daylene Suazo |
| 22/ Carte Doxon Xo | Day Jene Sales |
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FILING FEE: \$25.00