

LO6000020967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

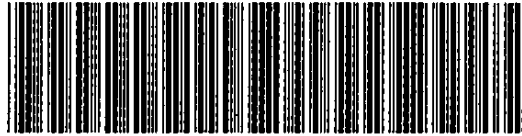
LO6-20967

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700079573877

09/11/06--01011--019 \*\*30.00

FILED  
06 OCT -4 PM 3:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Integrative Massage Therapy  
(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:

Laura Ruchala  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

904 NW 69th Terrace  
(Address)

Margate, FL 33063  
(City/State and Zip Code)

For further information concerning this matter, please call:

Laura Ruchala at (954) 257-0290  
(Name of Person) (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





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 12, 2006

LAURA RUCHALA  
904 NW 69TH TERRACE  
MARGATE, FL 33063

SUBJECT: INTEGRATIVE MASSAGE THERAPY LLC  
Ref. Number: L06000020967

We have received your document for INTEGRATIVE MASSAGE THERAPY LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

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) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 706A00054909



ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

06 OCT -4 PM 3:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Integrative Massage Therapy LLC

2. The Articles of Organization were filed on 2/24/06 and assigned document number

L06000020967

3. The date the dissolution was approved: 9/1/06

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 pursuing business  
career in massage as partnership.

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  
Laura Buchala  
Danielle N. Desrosiers

Printed Name

Laura Buchala  
Danielle N. Desrosiers