

L060000034210

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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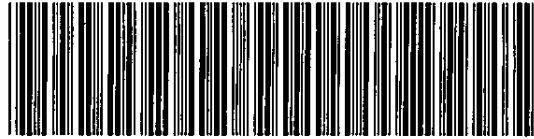
Special Instructions to Filing Officer:

**A. LUNT**

NOV 26 2008

**EXAMINER**

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2008 NOV 25 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 7, 2008

ALICIA TULLO  
7025 CR 46A, STE. 1071 #517  
LAKE MARY, FL 32746

SUBJECT: MEDICAL SPA AT BHI LLC  
Ref. Number: L06000034210

2008 NOV 25 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

We have received your document for MEDICAL SPA AT BHI LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 108A00052896

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Medical Spa @ BHI, 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:

Alicia Tullo

(Name of Person)

(Firm/Company)

7025 CR 46 A, Suite 1071 #517

(Address)

Lake Mary, Florida 32746

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Alicia Tullo

(Name of Person)

at ( 407 ) 221-1148

(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

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

1. The name of a limited liability company is  
Medical Spa @ BHI, LLC

2. The Articles of Organization were filed on 04/03/2006 and assigned document number  
L06000034210

3. The date the dissolution was approved: \_\_\_\_\_

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).

Financial hardship

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

Ralph J. Tullo  
Alicia Tullo

Printed Name

Ralph J. Tullo, MD

Alicia Tullo