L06000059674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/06/16--01029--006 **25.00

16 MAY -6 AM 7:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 09 2016

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEVEN DRAGONS HOLISTIC HEALTH CARE, 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:

RANDAL LYONS
(Name of Person)

(Firm/Company)

210 PETERSON STREET
(Address)

FORT COLLINS, CO 80524
(City/State and Zip Code)

For further information concerning this matter, please call:

RANDAL LYONS at (970) 631-6857
(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
   SEVEN DRAGONS HOLISTIC HEALTH CARE, LLC

2. The Articles of Organization were filed on _____ and assigned

   document number L06000059874

3. The delayed effective date the dissolution if not effective on the date of filing: 4.30.16
   (effective date cannot be prior to or more than 90 days later than date document is received for filing)
   Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).
   MOVED TO COLORADO

16 MAY -4 AM 7:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
   RANDAL LYONS
   210 PETERSON STREET
   FORT COLLINS, CO 80524

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

RANDAL LYONS
Printed Name

FILING FEE: $25.00