# L0600071763

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Samuel Links, Family)					
(Document Number)					
Certified Copies Certificates of Status					
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# **COVER LETTER**

TO:		istration Section ision of Corporations						
SUBJI	FCT.	REJUVANENCE MEDSPA, LLC						
SOBJ	ECI.	(Name of Limited Liability Company)						
The en	closec	I Articles of Dissolution and fee(s) are submitte	ed for filing.					
		all correspondence concerning this matter to t	_					
		Bryan C. "Tripp" Goode III						
		(Nam	e of Person)					
Romanello Goode, P.L.								
(Firm/Company)								
		Jacksonville Beach, FL 32250						
(City/State and Zip Code)								
For fu	rther in	nformation concerning this matter, please call:						
	Tr	ipp Goode	904 at (	247.1755				
		(Name of Person)	(Area Co	de & Daytime Telephone Numl	oer)			
Enclose	ed is a	check for the following amount:						
\$25.00 Filing Fee and Certificate of Dissolution				Fee, Certificate of Dissolution opy (additional copy is enclosed				
		MAILING ADDRESS:	STRI	EET/COURIER ADDI	RESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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  REJUVANENCE MEDSPA, LLC							
2.	The Articles of Organization w	ere filed on July 19, 2006 and ass	signed					
	document number L0600007	1763						
3.	The delayed effective date the deflective date	solution if not effective on the date of filing: Date of filing unnot be prior to or more than 90 days later than date document is received for filing)						
4.	A description of occurrence tha 605.0707, Florida Statutes, (cop	tt resulted in the limited liability company's dissolution by 605.0707 on back cover letter).	ı pursuant	to sectio				
	Consent of all members.	<del></del>						
				<del></del>				
5.	If there are no members, enter t	the name and address of the person appointed to wind to	up the com					
	activities and affairs:							
	_			· · · · · · · · · · · · · · · · · · ·				
	_		(). [-]:	200				
6. Iis	Signature of an authorized pers ted above to wind up the compa	on or if there are no members, the signature of the pers	on appoin	ted and				
	MIL			5.4 1.2				
	1 //6/-03	John B. Harris	· ;	=				
	Signature	Printed Name		10				

FILING FEE: \$25.00