

LO7000058587

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SPA AT MADEIRA BAY, 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:

KATHY GRISHAM  
(Name of Person)

AMERIS  
(Firm/Company)

4731 TROUSDALE, SUITE 4  
(Address)

NASHVILLE, TN 37220  
(City/State and Zip Code)

2014 NOV 17 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

KATHY GRISHAM at ( 615 ) 327-4440  
(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

SPA AT MADEIRA BAY, LLC

2. The Articles of Organization were filed on 06/04/2007 and assigned

document number L07000058587

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

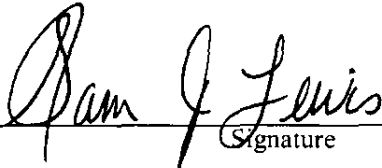
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Operations of business ceased. This event causes  
dissolution of the LLC according to the  
operating agreement.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

MGRM SAM LEWIS & KATHY GRISHAM  
4731 TROUSDALE, SUITE 4  
NASHVILLE, TN 37220

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

SAM J. LEWIS  
Printed Name

**FILING FEE: \$25.00**