

**L08000000516**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

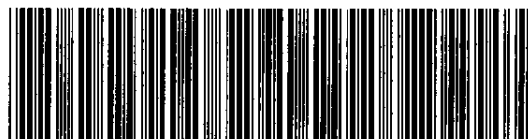
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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**10 JAN 15 AM 8:58**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. BRUCE**  
JAN 19 2010  
**EXAMINER**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** S.H.A.R.E. The Center for Sexual Health And Relationship Enrichment 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:

Damaris Torres, MS, LMFT, BCCST

(Name of Person)

(Firm/Company)

3600 Red Lion Road, Apt # 52C

(Address)

Philadelphia, PA 19114

(City/State and Zip Code)

For further information concerning this matter, please call:

Damaris Torres

(Name of Person)

at

267 973-9399

(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

FILED  
10 JAN 15 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 24, 2009

DAMARIS TORRES, MS, LMFT, BCCST  
3600 RED LION ROAD, APT #52C  
PHILADELPHIA, PA 19114

SUBJECT: S.H.A.R.E. THE CENTER FOR SEXUAL HEALTH AND  
RELATIONSHIP ENRICHMENT LLC  
Ref. Number: L08000000516

We have received your document for S.H.A.R.E. THE CENTER FOR SEXUAL HEALTH AND RELATIONSHIP ENRICHMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the members having the same percentage of membership interests necessary to approve the dissolution or the revocation when filing articles of revocation of dissolution.

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 809A000391

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TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is  
S.H.A.R.E. The Center for Sexual Health And Relationship Enrichment LLC

2. The Articles of Organization were filed on 1/02/2008 and assigned document number  
L08000000516

3. The date the dissolution was approved: 12/1/09

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).

Relocation to Philadelphia Pennsylvania

**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 dissolution:

Signature

Printed Name

Damaris Torres, MD, MFT, LCSW

Damaris Torres

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