

L08000023013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

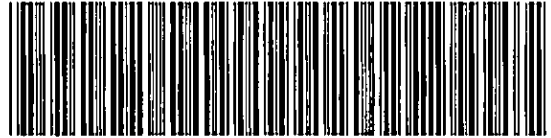
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700306898257

01/12/18--01018--004 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN 12 PM 4:22

K. SALY
JAN 12 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **ON THE MOVE MASSAGE, 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:

Deborah L. Vannest

(Name of Person)

On The Move Massage

(Firm/Company)

12219 Cypress Landing Ave.

(Address)

Clermont, FL 34711

(City/State and Zip Code)

For further information concerning this matter, please call:

Deborah Vannest

(Name of Person)

at (**352**) **255-5328**

(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**

SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN 12 PM 4:22

1. The name of a limited liability company is
ON THE MOVE MASSAGE, LLC

2. The Articles of Organization were filed on 03/04/2008 and assigned
document number L08000023013

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2017
(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).

My company has been down sizing over the past two years and is truly on a part time occupation. With such smal

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

12219 Cypress Landging Ave.

Clermont, FL 34711

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:

Deborah Vannest
Signature

Deborah L. Vannest

Printed Name

FILING FEE: \$25.00