

L080000 24218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

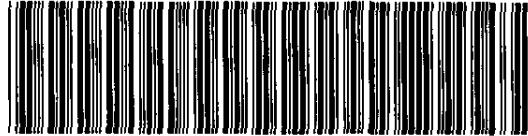
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



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15 JAN 12 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. B. B. JAN 22 2015

1/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRANSFORMATION Hypnotherapy & Wellness Center, L.L.C.
(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:

MARYANNE EVERETT

(Name of Person)

~~3751 2nd AVE. NORTH~~

(Firm/Company)

3751 2nd AVE. NORTH

(Address)

ST. PETERSBURG, FL. 33713

(City/State and Zip Code)

For further information concerning this matter, please call: 352-215-7335

MARYANNE EVERETT

(Name of Person)

at (352) 215-7335

(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

TRANSFORMATIONS Hypnotherapy AND WELLNESS Center, LLC.

2. The Articles of Organization were filed on MARCH 6, 2008 and assigned

document number L08000024218

3. The delayed effective date the dissolution if not effective on the date of filing: JAN 20 2015

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).

Business Closed

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

6. Signature of an authorized person or if there are no members, the signature of the person appointed as listed above to wind up the company's activities and affairs:

Maryanne Everett
Signature

MARYANNE EVERETT
Printed Name

FILING FEE: \$25.00

FILED
15 JAN 12 AM 8 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA