

L080000037433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

G. HARVEY
DEPT. OF
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aesthetic Renewal Center of Brandon, 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:

Aaron J. Gold, Esquire

(Name of Person)

Allen Dell, P.A.

(Firm/Company)

202 S. Rome Avenue, Suite 100

(Address)

Tampa, FL 33606

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Aaron J. Gold, Esquire

(Name of Person)

813

223-5351

at ()

(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

11/25/14

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

1. The name of a limited liability company is
Aesthetic Renewal Center of Brandon, LLC
2. The Articles of Organization were filed on 04/14/2008 and assigned
document number L08000037433
3. The delayed effective date the dissolution if not effective on the date of filing: 11/28/14
(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).
This LLC has no assets and no future actively in this LLC is contemplated.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Peter A. Jacobson, M.D.
4607 Clarksdale Lane
Brandon, FL 33511

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

Peter A. Jacobson, M.D.

Printed Name

FILING FEE: \$25.00

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ALL AREAS SEE FLORIDA

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