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| (Requestor's Name) |
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| (City/State/Zip/Phone #). : |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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10 JUN 10 AM IN 47

SECRETARY OF STATE

T. HAMPTON

JUN 1 i 2010

EXAMINER

COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: Healing Touch 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: |
| |
| Salina M Roe |
| (Name of Person) |
| |
| (Firm/Company) |
| 2584 Chateau Lane |
| (Address) |
| Tallahassee, FL 32311 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| |
| Salina M. Roe at (850) 508-5719 |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| • |
| MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section |

Division of Corporations P.O. Box 6327. Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

10 JUN 10 AM 18:47

| | TO COLL TO WITH #1 |
|---|--|
| 1. The name of a limited liability company is | |
| Healing Touch Massage, LLC | |
| 2. The Articles of Organization were filed on 1000 53831. | and assigned document number |
| 3. The date the dissolution was approved: | VO |
| 4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back cove | liability company's dissolution pursuant to section or letter). (1 etax 1 mb (na) ch bus incorte |
| | |
| 5. CHECK ONE: | |
| ∽ -OR- | ited liability company have been paid or discharged. ots, obligations and liabilities pursuant to s. 608.4421. |
| 6. All remaining property and assets have been distribute rights and interests. | d among its members in accordance with their respective |
| 7. CHECK ONE: | |
| There are no suits pending against the compan | iv in any court. |
| -OR- | isfaction of any judgment, order or decree which may be |
| ignatures of the members having the same percentage of me | embership interests necessary to approve the dissolution: |
| Signature | Printed Name |
| | - Salina Stovall-Be |
| | |
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