

L10000000314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

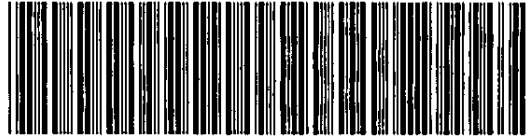
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Special Instructions to Filing Officer:

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600270594546

03/23/15--01013--014 \*\*25.00

EFFECTIVE DATE  
3/7/15

RECEIVED  
MAY 20 2015

15 APR 27 AM 11:03

FILED

M. MILLIGAN  
EXAMINER

MAY 20 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 14, 2015

CHRIS J. SIMONS  
2521 RALEIGH ST.  
HOLLYWOOD, FL 33021

SUBJECT: SIMONSAYZ WELLNESS LLC  
Ref. Number: L10000003141

FILED  
15 APR 27 AM 10:00  
DIVISION OF CORPORATIONS  
INFORMATION SERVICES

We have received your document for SIMONSAYZ WELLNESS 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 effective date must be specific and cannot be prior to the date of filing.

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

The Notice of Dissolution must contain a description of information that should be included in a written claim.

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) 245-6051.

Michelle Milligan  
Senior Section Administrator

Letter Number: 715A00007394

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SIMONSAYZ WELLNESS, 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:

CHRIS J. SIMONS

(Name of Person)

(Firm/Company)

2521 RLEIGH STREET

(Address)

HOLLYWOOD, FL 33021

(City/State and Zip Code)

For further information concerning this matter, please call:

CHRIS J. SIMONS

(Name of Person)

305

490-5159

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

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is  
SIMONSAYZ WELLNESS, LLC

EFFECTIVE DATE

5/7/15

2. The Articles of Organization were filed on 1/11/2010 and assigned  
document number L10000003141

3. The delayed effective date the dissolution if not effective on the date of filing: 5/7/2015  
(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).

The company is filing for dissolution  
because the company is no longer  
doing business.

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 and listed above to wind up the company's activities and affairs:

Chris Simon  
Signature

Chris Simons  
Printed Name

FILING FEE: \$25.00

FILED  
15 APR 27 AM 11:03  
CLERK OF DISTRICT COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: SIMONSAYZ WELLNESS, LLC

Document number of Limited Liability Company is: L10000003141

Date of dissolution was: 05/07/2015

Description of information that must be included in a written claim:

The company is filling for dissolution  
because the company is no longer doing  
business.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

2521 RALEIGH STREET

HOLLYWOOD, FL 33020

FILED  
15 APR 27 AM 11:03  
DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Chris Simons

Printed Name of the Person Filing

Chris Simons

Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**