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SECRETARY OF STATE OF CORPORATIONS DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: THE MASSAGE CLINIC OF ORLANDO 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:
Please return all correspondence concerning this matter to the following:
LESSER, JOHN S (Name of Person)
(Firm/Company)
1000 NODDING PINES WAY
(Address) CASSELBERRY FL 32707 (City/State and Zip Code)
For further information concerning this matter, please call: LESSER, JOHN S (Name of Person) at () (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: 30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) \$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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