

L100000040088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

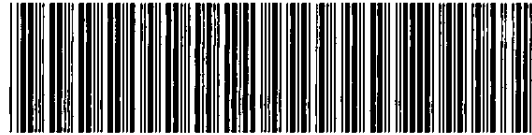
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/25/11--01033--016 **30.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR 25 AM 11:29

N. Cuffigan APR 26 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADVANCED AESTHETICS AND 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:

PADMAJA R. YATHAM

(Name of Person)

(Firm/Company)

1170 S Semoran Blvd

(Address)

Orlando, FL 32807

(City/State and Zip Code)

For further information concerning this matter, please call:

Venkata K. Yatham

(Name of Person)

at (407) 310.0011

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐

\$25.00 Filing Fee

☒

30.00 Filing Fee &
Certificate of Status

Check # 1360

☐

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐

\$60.00 Filing Fee,
Certificate of Status &
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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR 25 AM 11:30

1. The name of a limited liability company is

ADVANCED AESTHETICS AND WELLNESS, LLC

2. The Articles of Organization were filed on 04/13/2010 and assigned document number
L10000040088

3. The date the dissolution was approved: 04/21/2011

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes. (copy 608.441 on back cover letter).

Want to include the intended services under another entity - Advanced
Interventional Pain Clinic, LLC for ease of operation under a separate DBA.

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

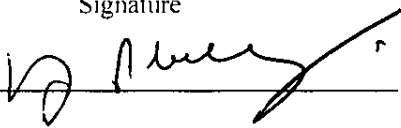
6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

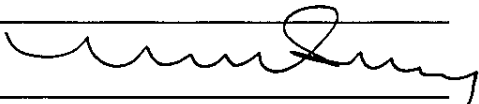
Signature



Printed Name

Padmaja R. Yatham

(Managing Member)



Venkata K. Yatham

(Manager & Registered Agent)

FILING FEE: \$25.00