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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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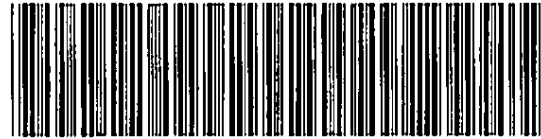
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32310

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A. RIVERS

MAR - 6 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A Healing Massage, LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and (if(s)) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Larry S Semerad
(Name of Person)

A Healing Massage
(Firm/Company)

66 Dalton Drive
(Address)

Santa Rosa Beach, FL 32459
(City/State and Zip Code)

For further information concerning this matter, please call:

Larry S Semerad
(Name of Person)

at (850) 830-4608
(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

A Healing Massage, LLC

2. The Articles of Organization were filed on June 14, 2010 and assigned

document number L10000063318

3. The delayed effective date the dissolution if not effective on the date of filing: December 31, 2022
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet any applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of state's records.

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).

Partners in A Healing Massage, LLC
have decided there is no longer any
need to continue the corporation.

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:

Larry S Semerad
Signature

Larry S Semerad
Printed Name

FILING FEE: \$25.00

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