

#L 10000091791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

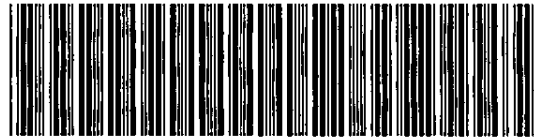
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/25/14--01014--011 \*\*25.00

EFFECTIVE DATE  
3-1-2014

FILED

2014 FEB 25 PM 3:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

FEB 26 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Family 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:

Andrea Voegeli  
(Name of Person)

(Firm/Company)

416 E. Woodhaven Dr.  
(Address)

Ponte Vedra Beach, FL 32082  
(City/State and Zip Code)

For further information concerning this matter, please call:

Andrea Voegeli at (904) 806 7931  
(Name of Person) (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

EFFECTIVE DATE  
3-1-2014

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

2014 FEB 25 PM 3:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Family Massage LLC

2. The Articles of Organization were filed on 08/31/2010 and assigned  
document number L10000091791

3. The delayed effective date the dissolution if not effective on the date of filing: 03/01/2014

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).

Other business interests.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Andrea Voegeli

416 E. Woodhaven Dr.

Ponte Vedra Beach

FL 32082

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:

Signature

Andrea Voegeli

Printed Name

Andrea Voegeli

FILING FEE: \$25.00