

L100000092812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

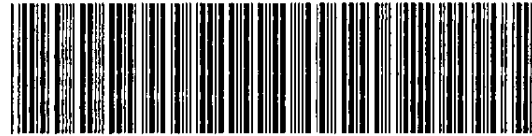
Special Instructions to Filing Officer:

L. SELLERS

APR 19 2011

EXAMINER

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03/15/11--01025--023 **35.00

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11 APR 18 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Wrong form

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIAMI MASSAGE THERAPY
(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:

MARCELO LEUS
(Name of Person)
MIAMI MASSAGE THERAPY
(Firm/Company)
247 SW 8th St. # 212
(Address)
MIAMI, FL 33130
(City/State and Zip Code)

For further information concerning this matter, please call:

MARCELO LEUS at (305) 815 2345
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2011

MARCELO LEUS
247 SW 8TH STREET, #212
MIAMI, FL 33130

SUBJECT: MIAMI MASSAGE THERAPY, LLC
Ref. Number: L10000092812

We have received your document for MIAMI MASSAGE THERAPY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 211A00006631

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is MIAMI MASSAGE THERAPY
2. The Articles of Organization were filed on 9/2/2010 and assigned document number L10000092812
3. The date the dissolution was approved: 2/1/2011
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).
LACK OF FUNDS TO CONTINUE

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
MARCELO LUIS

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA