

LI 0000 105429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

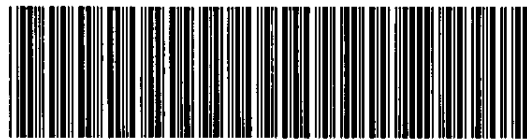
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400258124274

03/24/14--01035--008 **25.00

FILED
2014 MAR 24 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 25 2014
i CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Allasso Wellness Counseling, 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:

Jose L. Diaz
(Name of Person)

(Firm/Company)

1735 W 65th St
(Address)

Hialeah, FL 33012
(City/State and Zip Code)

For further information concerning this matter, please call:

Jose L. Diaz at (305) 335-0707
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAR 24 PM 2:21

FILED

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

1. The name of a limited liability company is

Allasso Wellness Counseling, LLC.

2. The Articles of Organization were filed on 10/08/2010 and assigned

document number L10000105429

3. The delayed effective date the dissolution if not effective on the date of filing: 3/28/2014
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

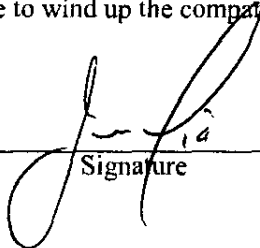
Financial Instability.

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

Jose C. Diaz
1735 W 65th St
Hialeah, FL 33012

FILED
2014 MAR 24 PM 2:21
CLERK OF DISTRICT COURT
HALL COUNTY, FLORIDA

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

Jose C. Diaz
Printed Name

FILING FEE: \$25.00