L12000023322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

MAY 28 2014
T CLIN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SSRS WELLNESS CENTER, 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:

CAROL LYNN MONVILLE
(Name of Person)

CAROL LYNN MONVILLE CPA PA
(Firm/Company)

3737 S TUTTLE AVE
(Address)

SARASOTA, FL 34239
(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

CAROL LYNN MONVILLE at (941) 924-1040
(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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
SSRS WELLNESS CENTER, LLC

2. The Articles of Organization were filed on FEBRUARY 17, 2012 and assigned

document number L12000023322

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).
BUSINESS HAS BEEN INACTIVE

MEMBER RECENTLY DECEASED

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:

Signature

SONATA LABANAUSKIENE
Printed Name

FILING FEE: $25.00

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