

L12 000023322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

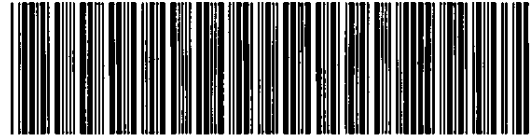
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 MAY 19 PM 12:15
CLERK OF STATE
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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAY 19 PM 12:15

For further information concerning this matter, please call:

CAROL LYNN MONVILLE

(Name of Person)

941

at (

924-1040

) (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

2014 MAY 19 PM 12:15

FILED