

L120000041619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

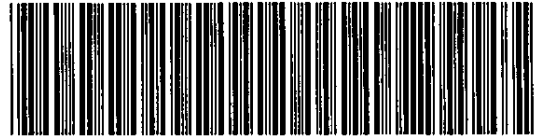
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT

OCT 27 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 10, 2016

MILAGROS ALVAREZ  
10727 NW 88 AVE  
HIALEAH GARDENS, FL 33018

SUBJECT: BLOSSOM CHIROPRACTIC & WELLNESS CENTER, LLC  
Ref. Number: L12000041619

RECEIVED  
2016 OCT 21 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for BLOSSOM CHIROPRACTIC & WELLNESS CENTER, 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 FL CORPORATION, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 116A00021

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TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Blossom Chiropractic & 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:

Milagros Alvarez  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

~~3420 W~~ 10727 NW 88 Ave  
(Address)

Hialeah Gardens FL 33018  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Milagros Alvarez at ( 786 ) 280 5961  
(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)

☒ I already sent a previous check. (check # 1052)

### 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

you can refund the extra \$10.00 to  
Milagros Alvarez  
10727 NW 88 Ave  
Hialeah Gardens FL 33018

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

1. The name of a limited liability company is

Blossom Chiropractic & Wellness Center LLC

2. The Articles of Organization were filed on 03/26/2012 and assigned

document number L12000041619

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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

I opened a new corporation

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

Milagros Alvarez

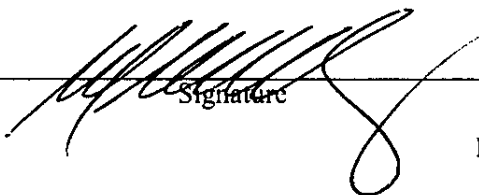
10727 NW 88 Ave

Hiawah Gardens, FL

33018

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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

Milagros Alvarez  
Printed Name

**FILING FEE: \$25.00**