

U12 0000 54789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

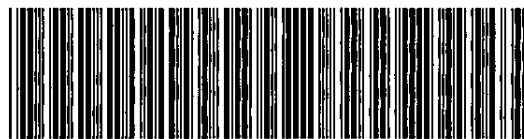
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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01/16/15--01008--025 **25.00

J. Shivers JAN 20 2015

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JAN 16 PM 12:58

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPITAL SPA ASSOCIATES, 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:

KEVIN M HOWELL

(Name of Person)

CAPITAL SPA ASSOCIATES, LLC

(Firm/Company)

215 COCKEYSVILLE ROAD

(Address)

COCKEYSVILLE, MD 21030

(City/State and Zip Code)

For further information concerning this matter, please call:

KEVIN M HOWELL

(Name of Person)

at (443) 463-0797

(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:

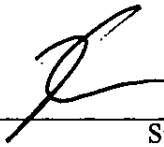
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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
CAPITAL SPA ASSOCIATES, LLC
2. The Articles of Organization were filed on APRIL 18, 2012 and assigned
document number L12000054389
3. The delayed effective date the dissolution if not effective on the date of filing: IMMEDIATELY
(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).
The intended business venture never came to fruition due to too many obstacles and
cost impediments, that resulted in forfeiture of our purchased franchise agreement.
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 Kevin M. Howell

Kevin M. Howell
Printed Name

FILING FEE: \$25.00

15 JAN 16 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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