1/2000065905

(Re	equestor's Name)	
(Ad	idress)	
. (Ad	ldress)	
(Cit	ty/State/Zip/Phone	
PICK-UP	☐ WAIT	MAIL
(Ви	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700281518617

02/01/16--01006--024 **25.00

2016 FEB - I PH 4: 36

K.SALY EXAMINER FEB - 2

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

East Lake Acupuncture & Wellness, 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:

Jeannette Kerns
(Name of Person)
East Lake Acupuncture & Wellness, LLC
(Firm/Company)
4121 Neptune Rd.
(Address)
Saint Cloud, FL 34769
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeannette Kerns

.,407 738-

(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

FILED
-010 rEB -1
TALLAHASEL OF STATE
$\frac{1}{10000000000000000000000000000000000$

1.	The name of a limited liabil East Lake Acupuncture & We	• • •	TALLAHASSET]/:]/:
2.	The Articles of Organizatio	n were filed on 05/16/2012	and assigned	
	document number L1200000	55905		
3.	Note: If the date inserted in t		able statutory filing requirements, this date will no	
4.	A description of occurrence 605.0707, Florida Statutes, (that resulted in the limited liab copy 605.0707 on back cover le	pility company's dissolution pursuant to sect etter).	io
	I changed to an S-corp and sho	rtened my business name because t	the old name was too long to fit into most	
	east Lake Acupuncture, LLC		ount of problems. I have a new LLC under	
5.	If there are no members, en activities and affairs:	ter the name and address of the Jeannette Kerns	person appointed to wind up the company's	
		4121 Neptune Rd.		
		Saint Cloud, FL 34769		_
		407-738-7412		
6. lis	Signature of an authorized sted above to wind up the col	person or if there are no membe inpany's activities and affairs:	ers, the signature of the person appointed and	1
	< W.XI ~	Jeann	nette Kerns	
	Signature		Printed Name	•
7		FILING FEE: \$	225.00	

Notice of Limited Liability Company Dissolution

FILED
- 1 Ph
TALLAHASET OF ST

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of Figure 100 unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: East Lake Acupuncture & Wellness, LLC
Document number of Limited Liability Company is: L12000065905
Date of dissolution was:
Description of information that must be included in a written claim:
Changed to S-Corp and shortened name.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Jeannette Kerns
East Lake Acupuncture & Wellness, LLC_
4121 Neptune Rd.
Saint Cloud, FL 34769
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
Jeannette Kerns
Printed Name of the Person Filing Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00