

42000081986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

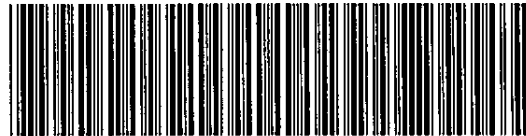
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 AUG 20 PM 3:41
STATE OF ARIZONA
CLERK OF SUPERIOR COURT
PHOENIX, ARIZONA

AUG 21 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Driftwood Spa 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:

Shannon Snyder
(Name of Person)

Driftwood Spa LLC
(Firm/Company)

PO Box 496
(Address)

Everglades City, FL 34139
(City/State and Zip Code)

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15 AUG 20 PM 3:41
TALLAHASSEE, FL
SECRETARY OF STATE

For further information concerning this matter, please call:

Shannon Snyder
(Name of Person)

at (239) 961-0669
(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

Driftwood Spa LLC

2. The Articles of Organization were filed on June 21st 2012 and assigned

document number L12000081986

3. The delayed effective date the dissolution if not effective on the date of filing: August 31st
(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).

Unable to further perform the duties required
to operate the business successfully and
profitable.

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AUG 20 PM
2012

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

Shannon Snyder

PO Box 496

Everglades City, FL 34193

239-961-0669

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:

Shannon Snyder
Signature

Shannon Snyder
Printed Name

FILING FEE: \$25.00