

L12000105037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

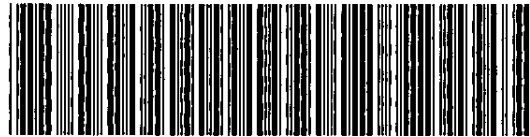
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300255861543

01/27/14--01044--012 **35.00

FILED
2014 JAN 27 AM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB - 3 2014

THE ASSET PROTECTION FIRM

A PRIVATE LAW FIRM

Wealth Preservation • Trusts & Estates • Business Strategies
Tax Counsel • IRS Representation • Tax-Exempt Organizations

Managing Member
Locksley A. Rhoden, Esq.
J.D., LL.M. in Taxation

www.TheAPFirm.com
tel: 305.965.0635
fax: 305.675.3998

January 20, 2014

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**Re: Articles of Dissolution for
H.O.P.E. Academy at TheraPeeds, LLC, a Florida limited liability company
(the "Company")**

To Whom It May Concern:

On behalf of the Company, enclosed please find a Firm check in the amount of Thirty Five Dollars (\$35.00) for costs to file the enclosed Articles of Dissolution of the Company and deliver to my attention a stamped filed copy of the dissolution filing.

Thank you for expediting processing of the enclosures. Should you require additional information to process this request, please contact me at (305) 965-0635 or by email at lrhoden@theapfirm.com.

Very truly yours,



Locksley A. Rhoden, Esq.
For the Firm
On behalf of the Company

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: H.O.P.E. Academy at TheraPeeds, LLC

DOCUMENT NUMBER: L12000105037

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rosa Rivas, Marketing Director

(Name of Contact Person)

TheraPeeds, Inc.

(Firm/Company)

5700 Griffin Road #120

(Address)

Davie, Florida 33314

(City/State and Zip Code)

For further information concerning this matter, please call:

Locksley A. Rhoden, Esq. at (305) 965-0635

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

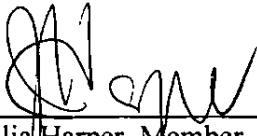
**ARTICLES OF DISSOLUTION
FOR
H.O.P.E. ACADEMY AT THERAPEEDS, LLC**

FILED
2014 JAN 27 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

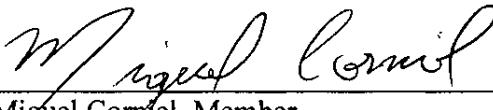
Pursuant to the provisions of Sections 608.441 and 608.445 of the Florida Statutes, the undersigned, **H.O.P.E. ACADEMY AT THERAPEEDS, LLC**, a Florida limited liability company (the "Company"), adopts the following Articles of Dissolution for the purpose of dissolving the Company:

1. The name of the Company is **H.O.P.E. ACADEMY AT THERAPEEDS, LLC**.
2. The Articles of Organization were filed on August 14, 2012 and assigned document number L12000105037.
2. The dissolution of the Company was approved on December 13, 2013.
3. The dissolution of the Company was authorized by Written Consent of the Members executed as of December 13, 2013, pursuant to Section 608.441(1) of the Florida Statutes.
4. Adequate provision has been made for the debts, obligations and liabilities pursuant to Section 608.4421 of the Florida Statutes.
5. All remaining Company property and assets have been distributed among the Company's members in accordance with their respective rights and interests.
6. There are no suits pending against the Company in any court.

Signatures of the members with membership interest in the Company necessary to approve the dissolution:



Julia Harper, Member



Miguel Cornel, Member

H.O.P.E. ACADEMY AT THERAPEEDS, LLC

**Unanimous Written Consent
of the Members in Lieu of Meeting**

December 13, 2013

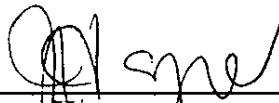
The undersigned, being all the members of **H.O.P.E. ACADEMY AT THERAPEEDS, LLC**, a Florida limited liability company (the "Company"), hereby consent, pursuant to the provisions of §608.4231(6) of the Florida Limited Liability Company Act, to taking the following actions for and on behalf of the Company:

The filing of the following document with the records of the Company :

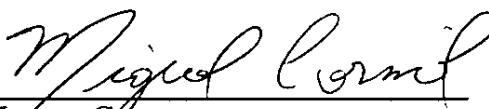
An original copy of the Articles of Dissolution of the Company executed by the members of the Company as of the date hereof being a true copy of the original Articles of Dissolution to be filed with the Secretary of State of the State of Florida to effectively dissolve and wind up business of the Company.

IN WITNESS WHEREOF, the undersigned has executed this unanimous written consent of the members as of the 13th day of December, 2013.

MEMBERS:



JULIA HARPER,
an individual person



MIGUEL CORNIEL,
an individual person