

L12000106941

(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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09/02/14--01039--015 **25.00

FILED

14 SEP - 2 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP - 9 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Temple Day 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:

Scott Holtzman

(Name of Person)

(Firm/Company)

10210 Sabal Tree Dr #304

(Address)

Riverview, FL 33578

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Holtzman

(Name of Person)

813

at ()

774-2556

(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
14 SEP -2 PM 1:45
CLERK OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Temple Day Spa L.L.C.

2. The Articles of Organization were filed on 8/20/2012 and assigned

document number L12000106941

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)

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).

Lack of business

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

10210 Sabal Tree Dr #304

Riverview, FL 33578

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

Scott Holtzman

Printed Name

FILING FEE: \$25.00