L12000118457

(Re	equestor's Name)	
(Ac	ddress)	
. (Ad	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	me)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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COVER LETTER

Division of Corporations
SUBJECT: Transformation thru Divorce, 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:
Deborah N. Plartinez (Name of Person)
Transformation thru Divorce LLC (Firm/Company)
3333 Merion Pl (Address)
(Address)
Mount Pleasant, SC 29444 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Deborah Martine 2 at (305) 984-5121 (Name of Person) (Area Code & Daytime Telephone Number)
(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:

TO:

Registration Section

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 lia	ability company is
Tran	sformation thru Divorce, LLC
2. The Articles of Organiza	ation were filed on Sept. 13 2012 and assigned
document number <u>L1</u>	2000118457
(effec Note: If the date inserted	te the dissolution if not effective on the date of filing:tive date cannot be prior to or more than 90 days later than date document is received for filing) in this block does not meet the applicable statutory filing requirements, this date will not be ffective date on the Department of State's records.
4. A description of occurred 605.0707, Florida Statute	nce that resulted in the limited liability company's dissolution pursuant to section es, (copy 605.0707 on back cover letter).
Relocation	
	T PR
5. If there are no members,	enter the name and address of the person appointed to wind up the company's
activities and affairs:	Deborah M. Martinez
	3333 Merion Pl
	Mount Pleasant, SC 29466
5. Signature of an authorize isted above to wind up the	ed person or if there are no members, the signature of the person appointed and company's activities and affairs:
AST	Deborah M. Martinez
Signature	Printed Name
	FILING FEE: \$25.00