

L12000136567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

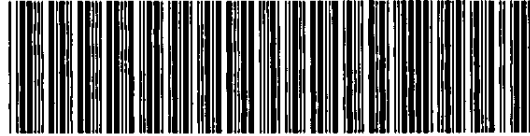
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/04/16--01004--015 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 FEB -4 A 9:54

FILED

FEB 05 2016

S MASON



Different Like Me

Professional Counseling Services

January 28, 2016

To Whom It May Concern:

I am writing to request a dissolution of the company Brain Lane Memory Center, LLC as of 12/30/15. EIN# 46-1545260.

My contact information is as follows:

Alyse November

930 Parkside Circle N

Boca Raton, FL 33486

561-289-2545

Please let me know if you have any questions.

Thank you,

Alyse November, LCSW

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brain Lane Memory Center, 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:

Alyse November
(Name of Person)
Brain Lane Memory Center, LLC
(Firm/Company)
1200 NW 17th Ave Suite 12
(Address)
Delray Beach FL 33445
(City/State and Zip Code)

For further information concerning this matter, please call:

Alyse November at (561) 289-2545
(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**

1. The name of a limited liability company is

Brain Lane Memory Center LLC

2. The Articles of Organization were filed on 12/13/2012 and assigned

document number 46-154 5260

3. The delayed effective date the dissolution if not effective on the date of filing: 12/13/2012
(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).

Decided to Close company.

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

Alyse November
930 Parkside Circle N
Boca Raton FL 33486

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]
Signature

Alyse November
Printed Name

FILING FEE: \$25.00

2018 FEB - 4 A 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of 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: Brain Lane Memory Center LLC

Document number of Limited Liability Company is: 46-154 5260

Date of dissolution was: 12/30/15

Description of information that must be included in a written claim:

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SECRETARY OF STATE
TAMPA, FLORIDA

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

930 Parkside Circle N
Boca Raton, FL 33486

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.

Alyse Noember [Signature]
Printed Name of the Person Filing Signature of the Person Filing