

L12000153497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

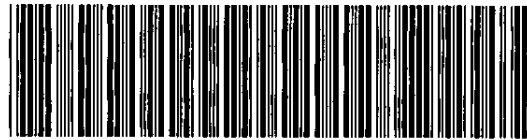
(Document Number)

Certified Copies _____

Certificates of Status ☒

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01/20/15--01042--008 **25.00

FILED
15 JAN 20 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB - 2 2015

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JADE PALMS COMMUNITY ACUPUNCTURE, 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:

SUSAN ALLGEYER

(Name of Person)

JADE PALMS COMMUNITY ACUPUNCTURE LLC

(Firm/Company)

1300 PINETREE DR SUITE 9

(Address)

INDIAN HARBOUR BEACH, FL 32937

(City/State and Zip Code)

For further information concerning this matter, please call:

SUSAN ALLGEYER

(Name of Person)

321

960-6959

at ()

(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
15 JAN 20 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
JADE PALMS COMMUNITY ACUPUNCTURE, LLC
2. The Articles of Organization were filed on 12/10/12 and assigned
document number L12000153497
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).
SPLIT OF PARTNERSHIP

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: SUSAN ALLGEYER
380 OCEAN SPRAY AVE
SATELLITE BEACH, FL 32937

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

SUSAN ALLGEYER

Printed Name

FILING FEE: \$25.00