

# L13000032606

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

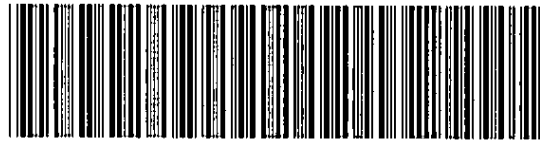
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Inact

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## 500328263935

04/26/19--01001--029 \*\*25.00

FILED  
2019 APR 26 PM 6:15  
FBI - JASPER

COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Voluntary Dissolution  
**DOCUMENT NUMBER:** L13000032606

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julita Manns  
(Name of Contact Person)  
No longer In Business Be Well 4 u Massage and Wellness, LLC  
(Firm/Company)  
~~Mailing Address~~ 6400 Valley View DR  
~~ONLY~~ 4801 Baybrook Way Apt 239  
(Address) Bakersfield, CA 93306  
Bakersfield, CA 93313  
(City/State and Zip Code)

For further information concerning this matter, please call:

Julita Manns at (973) 668-1602  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55 Filing Fee & Certified Copy<br>(Additional copy is enclosed) | <input type="checkbox"/> \$60 Filing Fee, Certificate of Status & Certified Copy<br>(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

## Notice of Limited Liability Company Dissolution

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: Be Well 4 U Massage and Wellness, LLC

Document number of Limited Liability Company is: L13000032606

Date of dissolution was: \_\_\_\_\_

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

NO Longer DOING Business - Since 2013  
There IS NO claim, just have not conducted  
business.

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

NO Claims Exist

2019 APR 26 PM 6:16

FILED

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.

Julita Manns

Printed Name of the Person Filing

Julita Manns

Signature of the Person Filing