

L13 000034121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

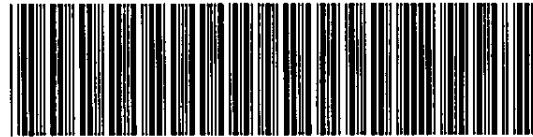
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR - 3 2014
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THERAPEUTIC MASSAGE OF SOUTH FLORIDA, 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:

KARA M CARR

(Name of Person)

THERAPEUTIC MASSAGE OF SOUTH FLORIDA, LLC

(Firm/Company)

51 BAYTREE CIR

(Address)

BOYNTON BCH / FL 33436

(City/State and Zip Code)

For further information concerning this matter, please call:

KARA M CARR

(Name of Person)

at (573) 514 1366

(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

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TALLAHASSEE, FL 32301

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

THERAPEUTIC MASSAGE OF SOUTH FLORIDA, LLC

2. The Articles of Organization were filed on MARCH 5, 2013 and assigned
document number L13 000034121

3. The delayed effective date the dissolution if not effective on the date of 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).

OWNER RESIGNS AND NO REMAINING MEMBERS
EXIST.

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

KARA M. CARR

51 BAYVIEW CIR

BOYNTON BCH FL 33436

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

Printed Name

Kara M. Carr

KARA M. CARR

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA

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