

L13000063035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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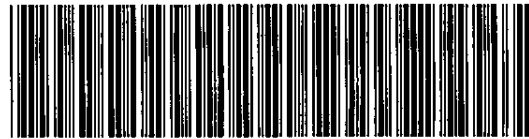
(Business Entity Name)

(Document Number)

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

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16 APR - 6 PM 12:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/7/16 QS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Healing Waters Therapy PLLC  
(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:

William Kelley  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

7808 Fenwick St  
(Address)

Navarre FL 32566  
(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

William Kelley at 850 461-0058  
(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

Healing Waters Therapy PLLC

2. The Articles of Organization were filed on April 30, 2013 and assigned

document number L13000063035

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)

**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).

Due to financial Hardships The  
Company was closed.

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

William Kelley  
7808 Fenwick ST  
Navarre FL 32561

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

William L Kelley  
Printed Name

**FILING FEE: \$25.00**