

#L 13000087304

(Requestor's Name)

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(City/State/Zip/Phone #)

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EFFECTIVE DATE
3-20-2015

FILED

2015 MAR 16 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
APR - 3 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Three Graces Wellness
(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:

Joan H. San Lwin
(Name of Person)

(Firm/Company)

6075 Merrill St
(Address)

North Port FL 34287
(City/State and Zip Code)

For further information concerning this matter, please call:

Joan H San Lwin at (703) 628-0661
(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

EFFECTIVE DATE
3-20-2015

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2015 MAR 16 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

The Three GRACES Wellness

2. The Articles of Organization were filed on June 17, 2013 and assigned

document number 213000087304

3. The delayed effective date the dissolution if not effective on the date of filing: 3-20-2015
(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).

consent of all members

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

Joan H. San Lwin

6075 Merrill St

North Port FL 34287

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:

Joan H. San Lwin
Signature

JOAN H. SAN LWIN
Printed Name

FILING FEE: \$25.00