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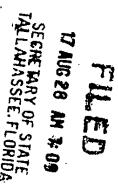
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Cartified Conies Cartificator of Status				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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08/28/17--01021--002 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: A GREAT ASIAN MASSA	AGE LLC
	ed Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to t	the following:
SHIJUI	N NIU
(Nam	ne of Person)
A Great Asian Massage LL	.C
(Firn	n/Company)
3017 Lakeland Highlands F	Road
(4	Address)
LAKELAND, FL 33803	
(City/Stat	te and Zip Code)
For further information concerning this matter, please call:	
Shijun Niu	at (<u>305</u>) <u>803-0263</u>
(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:	STREET/COURIER ADDRESS:
The state of the s	
MAILING ADDRESS: Registration Section Division of Corporations	STREET/COURIER ADDRESS: Registration Section Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liabi	lity company is		
A Great Asian Massage LLC			
2. The Articles of Organization document number <u>L130001</u>			nd assigned
	date cannot be prior to or mains block does not meet the	ore than 90 days later than date docu ne applicable statutory filing requ	
4. A description of occurrence	that resulted in the lim	nited liability company's disso	lution pursuant to section
605.0707, Florida Statutes, (No longer conducting business	` **	(cover letter).	
-			
5. If there are no members, en activities and affairs:		ss of the person appointed to w	vind up the company's
	Shijun Niu		25 # D
3017 Lakeland Highlands Road LAKELAND, FL 33803			Dim 3
6. Signature of an authorized plisted above to wind up the cor	person or if there are no	members, the signature of the	e person appointed and
2			
J-l Ca	<u></u>	Shijun Niu	
Signature		Printed Na	me

FILING FEE: \$25.00