# U3000118784

(Re	equestor's Name)			
(Ac	idress)			
(Ac	ddress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Bı	ısiness Entity Nan	ne)		
(Document Number)				
Certified Copies Certificates of Status		s of Status		
Special Instructions to Filing Officer:				
	·			

Office Use Only



500267865205

01/09/15--01008--009 \*\*25.00

UAN 20 20TO ). BRUCE

## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: Meo Day Spa At Paoock Park 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:						
Mark Sacher D.O.						
(Name of Person)	-					
Meo Day Spa at Papoock Park LLC						
(Firm/Company)	-					
3388 Sw 33ro Ro Suite 100	_					
(Address)						
OCAIA FL 34474						
(City/State and Zip Code)	<del>-</del>					
For further information concerning this matter, please call:						
PATROWAN or Mark Sacher at ( 350 ) 518 0970	A A A A A A A A A A A A A A A A A A A	1				
(Name of Person) (Area Code & Daytime Telephone Num	ber) 🔂					

# **MAILING ADDRESS:**

\$25.00 Filing Fee and Certificate of Dissolution

Enclosed is a check for the following amount:

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

- \$55.00 Filing Fee, Certificate of Dissolution Certified Copy (additional copy is enclosed)

# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is			
	Med Day Spa at Paddock Park LLC.			
2.	The Articles of Organization were filed on 8/31/2013 and assigned			
	document number L 1 3 0 0 0 1 1 8 7 8 4			
3.	The delayed effective date the dissolution if not effective on the date of filing: 1/7/3015 (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).				
	Closeo practice			
5.	If there are no members, enter the name and address of the person appointed to wind up the company's			
activities and affairs:				
6.	Signature of an authorized person or if there are no members, the signature of the person appointed and	ember 1		
118	ted above to wind up the company's activities and affairs:	NECESSARIA S	1	
	SSE SSEY		心解解之日	
	MARK SACHER DO THE	m '	4.	
	Signature Printed Name			
	FILING FEE: \$25.00			

Florida Limited Liability Company MED DAY SPA AT PADDOCK PARK LLC
Filing Information
Document NumberL13000118784 FEI/EIN Number46-3454697 Date Filed08/21/2013 StateFL
StatusACTIVE
Principal Address
3320 SW 33RD
100
OCALA, FL 34474

Changed: 02/04/2014 Mailing Address 3320 SW 33RD 100 OCALA, FL 34474

Changed: 02/04/2014
Registered Agent Name & Address SACHER, MARK
1919 SW 28TH ST
OCALA, FL 34471
Authorized Person(s) Detail

