

113000129707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2021 MAY 13 PM 4:07  
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FLORIDA

## COVER LETTER

RECEIVED

TO: Registration Section  
Division of Corporations

2021 APR 19 AM 8:03

SUBJECT: The Healing Garden Therapy Center  
\_\_\_\_\_  
(Name of Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FL

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christina Navedo

\_\_\_\_\_  
(Name of Person)

The Healing Garden Therapy Center

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

P O Box 121372

\_\_\_\_\_  
(Address)

Melbourne, FL 32912

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Christina Navedo

321

408-4881

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

1. The name of a limited liability company is

The Healing Garden Therapy Center

2. The Articles of Organization were filed on 09/13/2013 and assigned

document number L13000129707

3. The delayed effective date the dissolution if not effective on the date of filing: 05/13/2021  
(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).

Economic hardship reslting from the COVID ongoing pandemic

Economic hardship reslting from the COVID ongoing pandemic

Economic hardship reslting from the COVID ongoing pandemic

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

P O Box 121372

Melbourne FL 32912

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

Christina Navedo

Printed Name

**FILING FEE: \$25.00**

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Carlos Navedo

P O Box 121372

Melbourne FL 32912

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Signature

Christina Navedo

Printed Name

**FILING FEE: \$25.00**