

L17000130327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

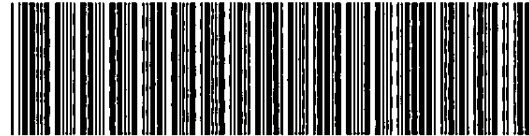
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers MAY 07 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COLD LASER SELF-CARE THERAPY, 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:

John J Bekas

(Name of Person)

(Firm/Company)

37911 Felkins Rd

(Address)

Leesburg, FL 34788

(City/State and Zip Code)

For further information concerning this matter, please call:

John J Bekas

(Name of Person)

352

483-4741

at

(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  
**COLD LASER SELF-CARE THERAPY, LLC**
2. The Articles of Organization were filed on **September 16, 2013** and assigned  
document number **L13000130327**
3. The delayed effective date the dissolution if not effective on the date of filing: **date of filing**  
(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).  
**Upon written consent**
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: **John J Bekas**  
**37911 Felkins Rd**  
**Leesburg, FL 34788**
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

**John J Bekas**

Printed Name \_\_\_\_\_

**FILING FEE: \$25.00**

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