

#L13000139586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED

2014 MAY -5 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

MAY - 9 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALING HANDS Wellness Center, 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:

Tamara Nichols - Austin
(Name of Person)

(Firm/Company)

2574 N. University Dr #201-203
(Address)

Sunrise, FL 33322
(City/State and Zip Code)

For further information concerning this matter, please call:

Tamara Austin at (941) 773-5270
(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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2014 MAY -5 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Healing Hands Wellness Center, ELLC

2. The Articles of Organization were filed on 10/3/2013 and assigned

document number L13000139586

3. The delayed effective date the dissolution if not effective on the 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).

Moving

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 listed above to wind up the company's activities and affairs:

Tamara Nichols-Austin
Signature

Tamara Nichols Austin
Printed Name

FILING FEE: \$25.00