

L140000 15987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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15 JAN 20 AM 7:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers JAN 30 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Beautiful You Whole Body Centre 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:

Christa Turlington

(Name of Person)

Beautiful You Whole Body Centre LLC

(Firm/Company)

9905 SW 189th circle

(Address)

Dunnellon Fl. 34432

(City/State and Zip Code)

For further information concerning this matter, please call:

Christa Turlington

(Name of Person)

706

483 9548

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 Beautiful You Whole Body Centre LLC
2. The Articles of Organization were filed on Jan 29, 2014 and assigned  
document number L14000015983
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).  
Could not conduct business after 8/2014 due to health and unforeseen medical reasons

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

9905 SW 189th circle ,Dunnellon ,Fl. 34432

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

Christa Turlington  
Printed Name

**FILING FEE: \$25.00**

15 JAN 20 11 07:02  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA