

L14 0000 25853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200270382132

03/16/15--01034--025 **25.00

FILED
15 MAR 16 AM 11:18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Oasis Nail and Spa of Zephyrhills, 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:

Rory B. Weiner, Esq.

(Name of Person)

Rory B. Weiner, P.A.

(Firm/Company)

671 W. Lumsden Rd

(Address)

Brandon, FL 33511

(City/State and Zip Code)

For further information concerning this matter, please call:

Rory Weiner

(Name of Person)

at (

813

(Area Code & Daytime Telephone Number)

681-3300

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:

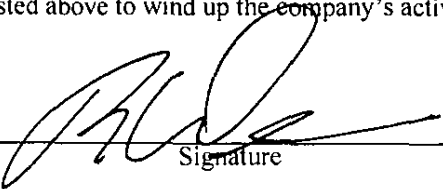
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of a limited liability company is
Oasis Nail and Spa of Zephyrhills, LLC
2. The Articles of Organization were filed on 2/14/2014 and assigned
document number L14000025893
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).
unanimous vote of the member

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:


Signature

Rory B. Weiner, Esq.

Printed Name

FILING FEE: \$25.00

15 MAR 16 AM 11:18

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Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Oasis Nail and Spa of Zephyrhills, LLC

Document number of Limited Liability Company is: L14000025893

Date of dissolution was: date of filing

Description of information that must be included in a written claim:

documentary basis for creditor claim

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Rory B. Weiner, P.A.

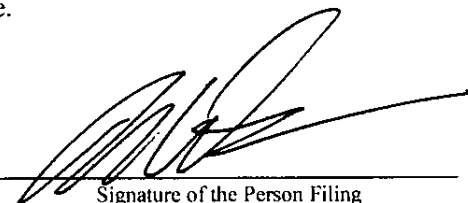
671 W. Lumsden Rd

Brandon, FL 33511

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Rory Weiner

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00