

#L14000031625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

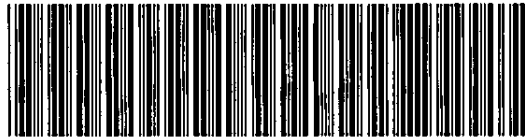
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700270674647

03/18/15--01005--020 **25.00

FILED
2015 MAR 18 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
APR 13 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Dissolution of 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:

Gui Quan Zhang

(Name of Person)

Gui Quan Spa LLC

(Firm/Company)

P.O. Box 916034

(Address)

Longwood, FL 32791

(City/State and Zip Code)

For further information concerning this matter, please call:

Gui Quan Zhang

(Name of Person)

at (

626) 215 4912.

(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
2015 MAR 18 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Gui Quan Spa LLC

2. The Articles of Organization were filed on _____ and assigned

document number L14000031625

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).

The Business was closed

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

Gui Quan Zhang

P.O. Box 916034

Longwood, FL 32791

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:

Gui Quan Zhang

Signature

Gui Quan Zhang

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

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: Gui Quan Spa LLC

Document number of Limited Liability Company is: L14000031625

Date of dissolution was: 09/2014

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

The business was closed.

FILED
2015 MAR 18 PM 3:16
SECURITY OF STATE
TALLAHASSEE, FLORIDA

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

P.O. Box 916034

Longwood, FL 32791

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.

Gui Quan Zhang

Printed Name of the Person Filing

Gui Quan Zhang

Signature of the Person Filing