L14000060667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: XCEL ST PETE
(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:

DAVID GRAVES
(Name of Person)

(Firm/Company)

4244 CENTRAL AVE
(Address)

ST. PETERSBURG FL 33711
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID GRAVES at (727) 249-2060
(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

1. The name of a limited liability company is

XCEL ST PETE LLC

2. The Articles of Organization were filed on 4/14/2014 and assigned

document number L14000060607

3. The delayed effective date the dissolution if not effective on the date of filing: JULY 1, 2016
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

I am reducing the size & scope of my business and will be operating as a licensed massage therapist under my legal birth name & social security number

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

DAVID GRAVES

4244 CENTRAL AVE
ST. PETERSBURG, FL 33711

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:

David F. Graves
Signature

DAVID GRAVES
Printed Name

FILING FEE: $25.00

16 JUL 11 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA