

UPDOWN 9620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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15 APR 16 PM 5:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE  
4/28

APR 27 2015

S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Body Spa 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:

Zachary Maples  
(Name of Person)

Body Spa LLC  
(Firm/Company)

701 Illinois St  
(Address)

Lawrence KS, 66604  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Zachary Maples at (785) 226 3943  
(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

Body Spa LLC

2. The Articles of Organization were filed on 06/16/2014 and assigned

document number L1400 0096200

3. The delayed effective date the dissolution if not effective on the date of filing: 04/28/2015  
(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 two partners Amos Otis III and Zachary Maples split  
10/16/2014 and has done no business since, according to my records.  
I can not get any contact from Amos Otis for months now  
and would like to close the business based off the fact that (continuing on back)

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]  
Signature

Zachary Maples  
Printed Name

**FILING FEE: \$25.00**

15 APR 15 PM 5:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED