

214 000 106686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

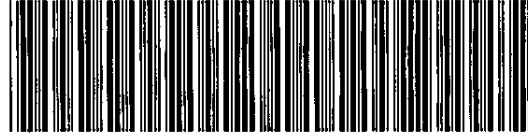
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
15 MAY -4 AM 7:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. B. GIBBS MAY 07 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THERACRAFT, 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:

DAVID G NUTE

(Name of Person)

THERACRAFT, LLC

(Firm/Company)

2231 WESTBOURNE DR

(Address)

OVIEDO, FL 32765

(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID G NUTE

(Name of Person)

407

797-2164

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  
THERACRAFT, LLC
2. The Articles of Organization were filed on 07/07/14 and assigned  
document number L14000106690
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).  
MANAGING PARTNERS STOPPED WORKING ON COMPANY. NO MONIES  
WERE EVER MADE.
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:

FILED  
15 MAY -4 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Signature

DAVID G NUTE

Printed Name

**FILING FEE: \$25.00**