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FILED
15 MAR 31 PM 12:47
TALLAHASSEE, FLORIDA

APR 20 2015

R. WHITE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Customized Therapeutic Massage, 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:

TINA L SANCHEZ
(Name of Person)

Customized Therapeutic Massage, LLC
(Firm/Company)

81044 JUNIPER RD
(Address)

OCALA FL 34480
(City/State and Zip Code)

For further information concerning this matter, please call:

TINA L SANCHEZ at (352) 255-8779
(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

FILED

15 MAR 31 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Customized Therapeutic Massage

2. The Articles of Organization were filed on 5 August 2014 and assigned

document number L14000122758

3. The delayed effective date the dissolution if not effective on the date of filing: 24 April 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).

Not enough revenue was made. Also, the owner,
Tina L Sanchez, is having physical therapy treatments
for bursitis; thus, hindering service production.

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

TINA L SANCHEZ
81044 UNIPER RD
OCCALA, FL 34480

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:

Tina Sanchez
Signature

TINA L SANCHEZ
Printed Name

FILING FEE: \$25.00