

L14000101582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

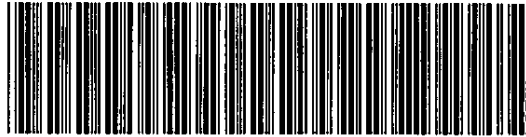
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EFFECTIVE DATE

04/28/15



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04/16/15--01013--001 **25.00

FILED

2015 APR 16 PM 1:40

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

APR 27 2015
12:00 PM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New 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)

New Body Spa LLC
(Firm/Company)

701 Ellie's St
(Address)

Lawrence, KS 66044
(City/State and Zip Code)

CLERK OF COURT
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Zachary Maples
(Name of Person)

at (785) 226-3943
(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

New Body Spa LLC

2. The Articles of Organization were filed on 10/16/2014 and assigned

document number L14000161582

3. The delayed effective date the dissolution if not effective on the date of filing: April 28, 2015
(effective date cannot be prior to or more than 90 days later than date document is received for filing) ~~May 15, 2015~~

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 as the sole member dissolve this LLC due to
the fact that I have not been able to keep a single
employee for more than a week and closed the main
location it was linked to.

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

Zachary Maples
Printed Name

FILING FEE: \$25.00

EFFECTIVE DATE 04/28/15

FILED

2015 APR 16 PM 1:40

CLERK OF STATE
TALLAHASSEE, FLORIDA