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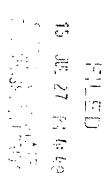
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07/27/15--01017--021 \*\*25.00

JUL 2 8 2015 S. YOUNG



## **COVER LETTER**

Division of Corporations						
SUBJECT: MIND BODY SPIVIT LOVE LLC (Name of Limited Liability Company)						
(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:						
Helene Laurence						
(Name of Person)						
(Firm/Company)						
2/21 15 11 25 401105						
2631 NE 14 AVE, #R405 WILTON Manors, FL 33334						
(Address)						
WITON Manors, FL 30034						
(City/State and Zip Code)						
For further information concerning this matter, please call:						
Helene Lawence at 954 816-6477  (Name of Person) (Area Code & Daytime Telephone Number)						
(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)						
Certified Copy (additional copy is enclosed)						
MAILING ADDRESS: STREET/COURIER ADDRESS:						
Registration Section Registration Section						
, , , , , , , , , , , , , , , , , , ,						
P.O. Box 6327 Clifton Building						
P.O. Box 6327  Tallahassee, FL 32314  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,		_	
Mind Boi	by Spirit	Love	LLC	_
	· /			
2. The Articles of Organization w	ere filed on	128/14	and assigned	
document number				
3. The delayed effective date the deffective date  Note: If the date inserted in this listed as the document's effective	cannot be prior to or more to plock does not meet the ap	han 90 days later than date plicable statutory filing	document is received for	
4. A description of occurrence tha 605.0707, Florida Statutes, (cop	t resulted in the limited y 605.0707 on back cov	liability company's over letter).	lissolution pursuant	to section
Personal Choice	of the n	Tunaging N	tembers,	Deg de d
Personal Choice of to close amy enterprises.	pany and	focus a	n other	
enterprises.	,			
5. If there are no members, enter t	he name and address of	the person appointed	to wind up the com	mpany's
activities and affairs:			•	
			/	
	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
_			77.0	
6. Signature of an authorized pers listed above to wind up the compa	on or if there are no me ny's activities and affai	mbers, the signature ors:	of the person appoin	ted and
Scelere Saureni	æ	Helene	Laurei	H O
Signature			d Name	<del></del>
SHRIBING		Fillie	AL ENZHEE	* 3.2

**FILING FEE: \$25.00**