L14000 174498

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 21, 2016

SERENITY SPA AND WELLNESS CENTER LLC 1 FARRADAY LANE SUITE 2B PALM COAST, FL 32137

SUBJECT: SERENITY SPA AND WELLNESS CENTER LLC

Ref. Number: W16000020820

We have received your document for SERENITY SPA AND WELLNESS CENTER LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above referenced entity was voluntarily dissolved. There is no provision in the Florida Statutes for reinstating a voluntarily dissolved entity. Therefore, we are returning your reinstatement along with the forms and instructions for you to form a new entity.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Lewis S Berger Regulatory Specialist II

Letter Number: 516A00005684

Division of Comparations DO DOV 6297 Tellahassas Elevida 2021

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	or: Sevenity Spa and Wellness Center LLC
	Name of Limited Liability Company
	closed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are ed for filing.
Please	return all correspondence concerning this matter to:
i icase i	A A A A A A A A A A A A A A A A A A A
	Maria Lynch
, ,,,	Contact Person
<u> </u>	Berenity Spa and Wellness Center
<u>.</u>	
<u></u>	1 N. Old Kings Rol - B109
	Address: U
P	alun Coast Fl 32137 City, State and Zip Code
E-ir	Inch mana 30 gmal con
För fürt	her information concerning this matter, please call:
	Name of Contact Person Area Code Daytime Telephone Number
•	STREET ADDRESS: MAILING ADDRESS:
	Registration Section Registration Section
	Division of Corporations Clifton Building Division of Corporations P. O. Box 6327
•,	2661 Executive Center Circle Tallahassee, FL 32314

CR2E132 (10/15)

Tallahassee, Florida 32301

STATEMENT OF REVOCATION OF DISSOLUTION FOR FLORIDA LIMITED LIABILITY COMPANY

POIG APR - 6 PH 4:57
TALLAHASSEE FLORIDE

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

· i.	The name of the company is: Sevenity Spa and Wellvess Cent
	The document number of the company is 140001744 a 8
- `	The effective date the Dissolution was filed is 03-10-16
3.	The revocation of dissolution was authorized on
. 4. .: 5.	A copy of the Articles of Dissolution is attached.
. '	La A
	Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

FILED Mar 10, 2016 Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

SERENITY SPA AND WELLNESS CENTER LLC

The document number of the limited liability company: L14000174498

The file date of the articles of organization: November 10, 2014

The effective date of the dissolution if not effective on the date of filing: March 10, 2016

A description of occurance that resulted in the limited liability company's dissolution:

BACK INJURY(HERNIATED DISC, BULGING DISC)AT WORK.2/18/16.HEALTH SKIN CONDITION (IMPAIR TO SKIN CARE OR MASSAGE, MANICURE PEDICURE SERVICES)

The name and address of the person appointed to wind up the company's activities and affairs:

MARIA 1 FARRADY LANE SUITE 2B PALM COAST, FL 32137

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: MARIA Q LYNCH

Electronic Signature of authorized person