

L14 0001 82937

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 MAY 1 9 25 AM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOLISTIC THERAPIES, 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:

KATHEYN M. LAMBERTI
(Name of Person)

HOLISTIC THERAPIES, LLC
(Firm/Company)

1291 OSCEOLA AVE
(Address)

JACKSONVILLE BEACH, FL 32250
(City/State and Zip Code)

For further information concerning this matter, please call:

KATHEYN LAMBERTI at 904, 226-1971
(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**

1. The name of a limited liability company is

HOLISTIC THERAPIES, LLC

2. The Articles of Organization were filed on NOVEMBER 26, 2014 and assigned

document number L14000182937

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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

The Holistic Therapies, LLC business
never started and I wish to
dissolve.

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

KATHRYN M. LAMBERTI SOLE MBR

1291 OSCEOLA AVE.

JACKSONVILLE BEACH, FL 32250

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:

Kathryn M. Lamberti
Signature

KATHRYN M. LAMBERTI
Printed Name

FILING FEE: \$25.00

15 MAY 7
AM 10:07
RECEIVED
FALL HARBOR, FLORIDA