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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: DRIFTWOOD 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:					
SAMANTHA STRIGGE					
(Name of Person)					
DRIFTWOOD THORAPEUTIC MASSAGE					
(Firm/Company)					
6 CRETVIEW CIRCLE					
(Address)					
STONEWOOD, WV 26301					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
SAMANTHA STAIGER at (386) 748-3969					
(Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee and Certificate of Dissolution \$\sim \\$55.00 \text{ 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	
DRIFTWOOD THERAPEUTIC MASSAGE	•
2. The Articles of Organization were filed on 12/17/2014 and assigned	
document number <u>L140001917.38</u>	,
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. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this 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 pursu 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	
"KECIEVED OUT OF STATE JOB OFFER AND MOVE	D
CLOSED DRIFTWOOD THERATEUTIC MASSAGE, LLC	OIN
APRIL 15, 2015.	图 =
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5. If there are no members, enter the name and address of the person appointed to wind up the	company's
activities and affairs: SAMANTHA STAIGHT	
LO CRESTVIEW CIRCLE	5 ca
STONEWOOD, WV 26301	
6. Signature of an authorized person or if there are no members, the signature of the person applisted above to wind up the company's activities and affairs:	oointed and
Samantina Sta	165R_
Signature Printed Name	

FILING FEE: \$25.00