

L15000068018

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

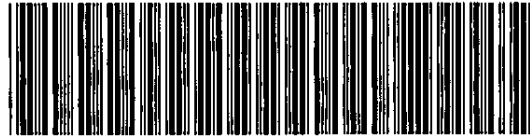
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/21/15--01019--017 \*\*25.00

FILED  
2015 OCT 12 PM 5:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
OCT 13 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 23, 2015

JAL ACCOUNTING P.A.  
ANGELINA C. LI  
3363 SHERIDAN ST, STE. 214  
HOLLYWOOD, FL 33021

SUBJECT: SAN SAN SPA LLC  
Ref. Number: L15000068018

We have received your document for SAN SAN SPA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 715A00020109

RECEIVED

15 OCT 12 PM 3:35

SECTION OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SAN SAN 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:

ANGELINA C. LI

(Name of Person)

JAL ACCOUNTING P.A.

(Firm/Company)

3363 SHERIDAN STREET STE 214

(Address)

HOLLYWOOD, FL 33021

(City/State and Zip Code)

For further information concerning this matter, please call:

CHIU SHIN HUANG

(Name of Person)

at ( 954 ) 963-6606

(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

FILED  
2015 OCT 12 PM 5:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

SAN SAN SPA LLC

2. The Articles of Organization were filed on APRIL 20, 2015 and assigned

document number L15000068018

3. The delayed effective date the dissolution if not effective on the date of filing: 9/1/2015  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

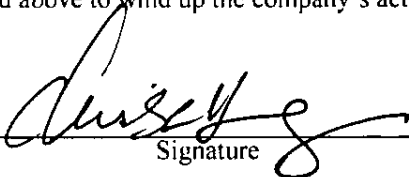
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 BUSINESS IS SOLD AND THE MEMBER IS NO  
LONGER IN BUSINESS.

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

CHIU SHIN HUANG

Printed Name

FILING FEE: \$25.00