

L15000135567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100296022801

03/16/17--01019--025 **25.00

2017 MAR 16 A 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

MAR 17 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Holistic Solutions Counseling Center, 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:

Seida Reyes-Perez

(Name of Person)

Holistic Solutions Counseling Center, LLC.

(Firm/Company)

36739 State Road 52, Suite 207B

(Address)

Dade City, Florida, 33525

(City/State and Zip Code)

For further information concerning this matter, please call:

Seida Reyes Perez

(Name of Person)

at (813) 712-0188

(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 Solutions Counseling Center, LLC

2. The Articles of Organization were filed on 04/15/2016 and assigned

document number L15000135567

3. The delayed effective date the dissolution if not effective on the date of filing: 4/1/2017

(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.

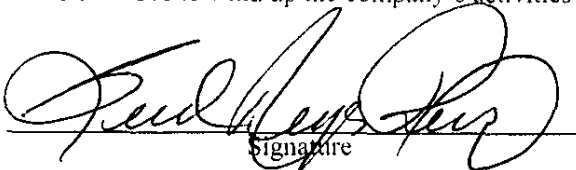
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

The company had only loses and it could not longer continue to remain opened. Seida Reyes Perez has been

paying all of the expenses out of pocket.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Seida Reyes Perez P.O. Box 591, Zephyrhills, Fl. 33539

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

Seida Reyes-Perez

Printed Name

FILING FEE: \$25.00

FILED
2017 MAR 16 A 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA