# L160000037999

(Requestor's Name)
(Noquestor 5 Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2004)10111111111111111111111111111111111
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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09/07/16--01041--009 \*\*35.00

FILED

16 OCT -7 PM 4: 0

SECRETARY OF STATE

D. SCOTT OCT 1 0 2016



### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 27, 2016

AZUL MED SPA, LLC 6685 COLLINS AVE. MIAMI BEACH, FL 33141

SUBJECT: AZUL MED SPA, LLC Ref. Number: L16000037999



We have received your document for AZUL MED SPA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Must list description of occurrence. Also include a written claim.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 416A00019286

FILED

16 OCT -7 PN 4:01

SECNETARY OF STATE

AND ANALYSIS I LOND!

### **COVER LETTER**

TO:	Registration Division of	Section Corporations	
CUDI	· ECT.	Azul thed Sp	a LLC
SUBJ	EC1;		Liability Company)
The er	nclosed Article	s of Dissolution and fee(s) are submitted	l for filing.
Please	return all corr	espondence concerning this matter to th	e following:
		Silvia Re	· · · · · · · · · · · · · · · · · · ·
		(Name	of Person)
		Me	Company)
		(Firm/	Company)
		6685 Collins	Ave. iddress)
	_	ttiami Bes	and Zip Code)
For fu	rther informati	on concerning this matter, please call:	
	<del></del>	Sikia Pomoo (Name of Person)	at (312) 852 OS OS (Area Code & Daytime Telephone Number)
Enclos	ed is a check for	the following amount:	
	□ \$25.00 Filing	g Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
		paid yet	
		AILING ADDRESS: egistration Section	STREET/COURIER ADDRESS: Registration Section
		ivision of Corporations	Division of Corporations
		O. Box 6327 Allahassee, FL 32314	Clifton Building 2661 Executive Center Circle
	1 2	111a11a55CC. I'L J2J14	ZUUT EXECUTIVE CENTEL CITCLE

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. 1	The name of a limited liability company is  Azul tred 5 pa. LCC
2. ′	The Articles of Organization were filed on <u>September 01, 2016</u> and assigned 02/23/2016
(	document number <u>L1600037 999</u>
3. 7	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 05.0707, Florida Statutes, (copy 605.0707 on back cover letter).
_	Business closed
_	
_	
	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
•	
6. liste	Signature of an authorized person or if there are no members, the signature of the person appointed and ed above to wind up the company's activities and affairs:
	M Ailin Romano Signature  Signature  Signature  Printed Name

**FILING FEE: \$25.00** 

### Notice of Limited Liability Company Dissolution

#### NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Azul Med 5pa, LLC
Document number of Limited Liability Company is: L16000037999
Date of dissolution was: Soptember 01, 2016
Description of information that must be included in a written claim:
Business Closed
SE 5
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
6685 Collins Ave. Home beach PL 3314/5 8
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
Silvi Romas Molland Dem Va
Printed Name of the Person Filing Signature of the Person Filing