

L16 0000 79936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

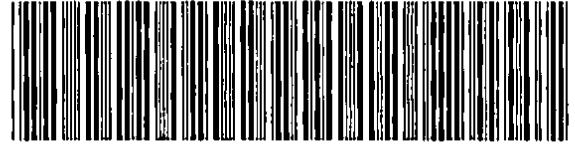
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/22/19--01009--001 **25.00

APPROVED
AND
FILED

2019 FEB 22 AM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T.G.
02/27/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHARON KELLY THERAPY 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:

SHARON KELLY

(Name of Person)

SHARON KELLY THERAPY LLC

(Firm/Company)

7421 SW 158 TERRACE

(Address)

MIAMI, FLORIDA 33157

(City/State and Zip Code)

For further information concerning this matter, please call:

SHARON KELLY

(Name of Person)

at (305) 279-5865

(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
SHARON KELLY THERAPY LLC

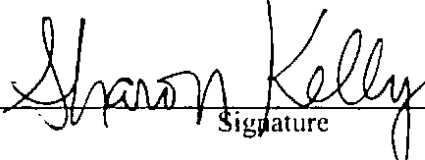
2. The Articles of Organization were filed on 04/22/2016 and assigned
document number L16000079936

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2018
(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).
BUSINESS CLOSED, NO FURTHER ACTIVITY FOR TAX YEAR 2018.

5. If there are no members, enter the name and address of the person appointed to wind up the company
activities and affairs: SHARON KELLY MGR
7421 SW 158 TERRACE
MIAMI, FLORIDA 33157

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

SHARON KELLY

Printed Name

FILING FEE: \$25.00

2019 FEB 22 AM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED