

L16000:10721do

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

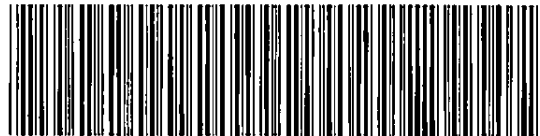
(Document Number)

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

Special Instructions to Filing Officer:

J. HORNE  
FEB - 4 2025

Office Use Only



800440980128

12/17/24--01017--009 \*\*25.00

FILED  
2024 DEC 17 PM 5:22  
J. HORNE, Filing Officer

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sagebrush 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:

Dana Franco (Dana Roman)  
(Name of Person)

Sagebrush massage LLC  
(Firm/Company)

639 E Burks St  
(Address)

Pilot Point TX 76258  
(City/State and Zip Code)

For further information concerning this matter, please call:

Dana Franco at ( 239 ) 209 0191  
(Name of Person) (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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED  
2024 DEC 17 PM 5:23  
STATE

1. The name of a limited liability company is

Sagebrush Massage LLC

2. The Articles of Organization were filed on 6/2/2016 and assigned

document number L1600010726

3. The delayed effective date the dissolution if not effective on the date of filing: 12/15/2024

(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 LLC was dissolved as a result of  
The sole owner's voluntary termination of  
the 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:

Dana Franco (prev Dana Roman)

639 E. Burks Street

Pilar Point TX 76258

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

Dana Franco  
Printed Name

FILING FEE: \$25.00