

L16000108888

(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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FILED  
2017 APR -4 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

APR -5 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 22, 2017

YOUNGMEI CORP  
YOUNGMEI CAI  
601 N CONGRESS AVE, STE. 412  
DELRAY BEACH, FL 33445

SUBJECT: XIN SHEN TI MASSAGE LLC  
Ref. Number: L16000108888

2017 APR -4 PM 2:19  
TALLAHASSEE, FLORIDA

We have received your document for XIN SHEN TI MASSAGE 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):

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.

The Notice of Dissolution must contain a description of information that should be included in 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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 517A00005487

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Xin Shen Ti 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:

Yongmei Cai

(Name of Person)

Youngmei Corp P.A.

(Firm/Company)

601 N Congress Ave Ste 412 Delray Beach

(Address)

Delray Beach FL 33445

(City/State and Zip Code)

For further information concerning this matter, please call:

Irene

(Name of Person)

at (

561

) 699 7886  
(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**  
2017 APR -4 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Xin Shen Ti Massage LLC

2. The Articles of Organization were filed on Feb. 01. 2017 and assigned

document number L16000108888

3. 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 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

The ownership change caused the dissolution.

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

Charles Centorrino  
Printed Name

**FILING FEE: \$25.00**