

L16 000159099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

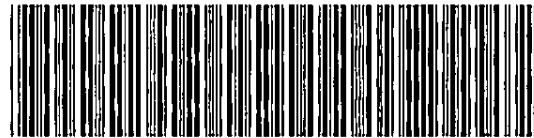
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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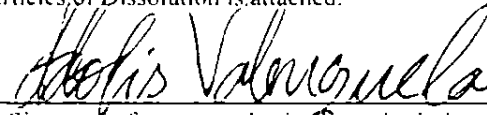
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Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF REVOCATION OF DISSOLUTION: 111127
FOR
FLORIDA LIMITED LIABILITY COMPANY

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

1. The name of the company is: MASSAGES A&N SPA, LLC
2. The document number of the company is L16000159099
3. The effective date the Dissolution was filed is 06/29/2020
4. The revocation of dissolution was authorized on 10/06/2020
5. A copy of the Articles of Dissolution is attached.



Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00
Certified Copy: \$30.00 (optional)

FILED
Jun 29, 2020
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

MASSAGES A&N SPA LLC

The document number of the limited liability company: L16000159099

The file date of the articles of organization: August 24, 2016

The effective date of the dissolution if not effective on the date of filing: June 29, 2020

A description of occurrence that resulted in the limited liability company's dissolution:

DISSOLUTION BECAUSE CORONAVIRUS

The name and address of the person appointed to wind up the company's activities and affairs:

ADOLIS VALENZUELA
3051 NW 112 ST
MIAMI, FL 33147 US

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: ADOLIS VALENZUELA

Electronic Signature of authorized person