

L160000202146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

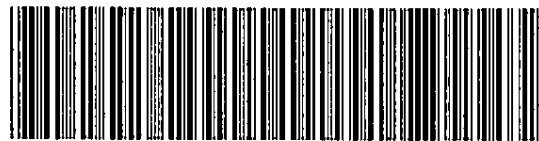
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600308556586

02/05/18--01040--014 **25.00

02/05/18
01040
014
**25.00

FEB 07 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Breathing Room Counseling Associates 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:

Janice Griffin
(Name of Person)

Breathing Room Counseling Associates LLC
(Firm/Company)

849 Blue Ridge Circle
(Address)

West Palm Beach, Fla. 33409
(City/State and Zip Code)

For further information concerning this matter, please call:

Janice Griffin at (772) 971-3566
(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/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
Breathing Room Counseling Associates LLC
2. The Articles of Organization were filed on November 2, 2016 and assigned
document number L16000202146
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 business never took off because
a potential Client base never materialized.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Janice Griffin
849 Blue Bridge Circle
West Palm Beach, Fla. 33409

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:

Janice L. Griffin
Signature

Janice L. Griffin
Printed Name

FILING FEE: \$25.00