L170000020147

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e: #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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MAR 23 2019 S. YOUNG

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	CCT:	HEALTHY MASSAGE 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:				
ZHE LIU (Name of Person)				
HEALTHY MASSAGE THERAPY, LLC (Firm Company)				
2628 WOODS EDGE CIRCLE (Address)				
ORLANDO, FL 32817 (City: State and Zip Code)				
For further information concerning this matter, please call:				
	CHRISTOPHER BAILEY			
Enclosed	is a check for the following amount:			
Ĉ ^S	S25.00 Filing Fee and Certificate of	Dissolution		
	MAILING ADDRI Registration Section Division of Corpora P.O. Box 6327	Registration Section		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liab	ility company is	
HEALTHY MASSAGI	THERAPY, LLC	
2. The Articles of Organizati	on were filed on <u>01/25/2017</u>	and assigned
document number <u>L1700</u>	000020147	
(effective Note: If the date inserted in	the dissolution if not effective on the da redate cannot be prior to or more than 90 days lat this block does not meet the applicable statu ective date on the Department of State's recor	er than date document is received for filing) nory filing requirements, this date will not be
4. A description of occurrence 605.0707. Florida Statutes.	te that resulted in the limited liability cor (copy 605.0707 on back cover letter).	npany's dissolution pursuant to section
THIS BUSINESS WAS	S SOLD, NEW OWNER CREATE	D.NEW BUSINESS NAME.
		TAM 10
		三三五
		SSE PRODUCTION
5. If there are no members, e	nter the name and address of the person a	appointed to wind up the company's
activities and affairs:	ZHE LIU	83
	2628 WOODS EDGE CIRCLE	"
	ORLANDO, FL 32817	
		J
6. Signature of an authorized listed above to wind up the co	person or if there are no members, the si ompany's activities and affairs:	ignature of the person appointed and
The Ziv		ZHE LIU
Signature		Printed Name

FILING FEE: \$25.00