

118000176793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

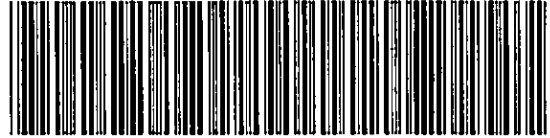
(Business Entity Name)

(Document Number)

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

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2019 MAR 14 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FL

LLC

Volum. Diss.

3/15/19

DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2019

LIXIA BAI  
11539 CREST LAKE VILLAGE DR.  
RIVERVIEW, FL 33569

SUBJECT: KEY WEST MESSAGE PARLOR LLC  
Ref. Number: L18000176793

We have received your document for KEY WEST MESSAGE PARLOR 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):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Darlene Connell  
Regulatory Specialist II Supervisor

Letter Number: 019A00002650

2019 MAR 14 PM 12:09



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 7, 2019

LIXIA BAI  
3224 N. ROOSEVELT BLVD, UNIT #8  
KEY WEST, FL 33040

SUBJECT: KEY WEST MESSAGE PARLOR LLC  
Ref. Number: L18000176793

We have received your document for KEY WEST MESSAGE PARLOR LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Deborah Bruce  
Corporate Records Supervisor

Letter Number: 019A00002650

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: key west Massage Parlor LLC  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lixia Bai

(Name of Person)

Key West Massage Parlor LLC

(Firm/Company)

3224 N. Roosevelt Blvd, Unit # 8

(Address)

Key West, FL 33040

(City/State and Zip Code)

For further information concerning this matter, please call:

Lixia Bai

(Name of Person)

at ( 305 ) 842 1842

(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

2019 MAR 14 AM 11:51  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

1. The name of a limited liability company is

key West Massage Parlor LLC

2. The Articles of Organization were filed on 07/23/2018 and assigned

document number L18000176793

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).

I never opened my business because I didn't find the right place.

There is no longer a Company.

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:

Lixia Bai  
Signature

Lixia Bai  
Printed Name

FILING FEE: \$25.00