

# L190000 66766

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

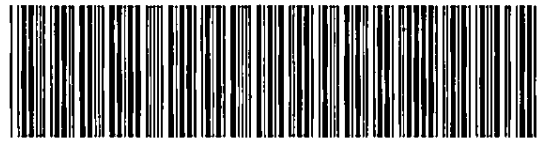
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

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## 700348542847

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JUL 15 2020

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2020 SEP 21 AM 11:35  
TALLAHASSEE, FL  
CLERK OF COURT

D BRUCE  
OCT 27 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 31, 2020

GARY BURFORD  
7995 SUNNY OAKS DR.  
ARCADIA, FL 34269

SUBJECT: FLORIDA THERASOLES LLC  
Ref. Number: L19000066766

We have received your document for FLORIDA THERASOLES LLC and your check(s) totaling \$25.00. 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) 245-6842.

Deborah Bruce  
Corporate Records Supervisor II

Letter Number: 420A00016704

2020 SEP 21 AM 11:36  
FBI  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Florida Therasoles 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:

Gary Burford  
(Name of Person)

(Firm/Company)

5289 Johnson Terrace  
(Address)

Port Charlotte Florida 33891  
(City/State and Zip Code)

For further information concerning this matter, please call:

Gary Burford  
(Name of Person)

at ( 941 ) 235-2500  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

Paid 7/13/20, ck# 1034

☐ \$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 Address:

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

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**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Florida Therasoles LLC

2. The Articles of Organization were filed on March 8, 2019 and assigned

document number L19000066766

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).

Business never existed except in name only...

never created a situation for which claim(s)

would arise.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Gary Burford

5289 Johnson Terrace

Port Charlotte, Florida 33891

2020 SEP 21 AM 11:36  
FILED  
CLERK OF THE COURT  
JAIL AHASSEE FL

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

Gary Burford  
Printed Name

FILING FEE: \$25.00

Paid 7.13.20  
ck # 1034