

L21000177841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

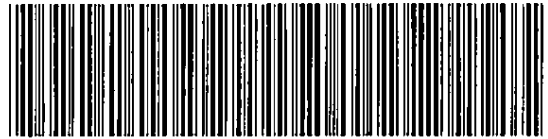
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J DEWAS

FEB 13 2024

Office Use Only



700421881397

01/18/24--01009--003 **25.00

FILED
2024 JUL 18 AM 10:17
SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAVANI MED SPAS 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:

Tejal Patel

(Name of Person)

JAVANI MED SPAS LLC

(Firm/Company)

11107 Coniston Way

(Address)

Windermere, FL 34786

(City/State and Zip Code)

For further information concerning this matter, please call:

Nicole Colon

(Name of Person) at (_____) 407 876-22736 x 112
(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 Address:

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

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

FILED
2024 JAN 18 AM 10:17
SECRETARY OF STATE

1. The name of a limited liability company is
JAVANI MED SPAS LLC

2. The Articles of Organization were filed on 04/16/2021 and assigned
document number L21000177841

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).
Closed business.

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

11107 Coniston Way

Windermere, FL 34786

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

Tejal Patel

Printed Name

FILING FEE: \$25.00