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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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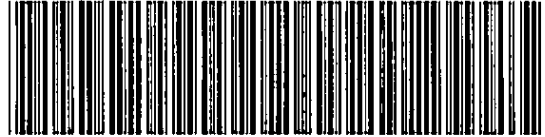
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/06/22--01019--015 **25.00

2022 APR -6 AM 9:19
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M&C MED SPA 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:

LIUDMILA REGALADO PENA

(Name of Person)

(Firm/Company)

9595 FONTAINEBLEAU BLVD APT 1509

(Address)

MIAMI, FL 33172

(City/State and Zip Code)

For further information concerning this matter, please call:

LIUDMILA REGALADO PENA

(Name of Person)

305

979-4820

at (_____) _____

(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**

1. The name of a limited liability company is
M&C MED SPA LLC
2. The Articles of Organization were filed on 05/12/2021 and assigned
document number L21000222060
3. The delayed effective date the dissolution if not effective on the date of filing: 05/20/2021
(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).
COMPANY CLOSED AND PURCHASED ANOTHER EXISTING COMPANY.
COMPANY CLOSED AND PURCHASED ANOTHER EXISTING COMPANY.
COMPANY CLOSED AND PURCHASED ANOTHER EXISTING 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:
LIUDMILA REGALADO PENA
9595 FONTAINEBLEAU BLVD APT 1509
MIAMI, FL 33172
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:

DocuSigned by:

Liudmila Regalado Pena

Signature

REGALADO PENA, LIUDMILA

Printed Name

FILING FEE: \$25.00