

121000238420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
2022 MAR 18 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FL

cf 4/5/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOSS BODY CHIROPRACTIC AND SPORTS MASSAGE, 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:

Noel Gray

(Name of Person)

(Firm/Company)

423 Bonnieview Rd

(Address)

Fernandina Beach FL 32034

(City/State and Zip Code)

For further information concerning this matter, please call:

Noel Gray

(Name of Person)

315

573 4461

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


FILED

2022 MAR 18 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is
BOSS BODY CHIROPRACTIC AND SPORTS MASSAGE, LLC
2. The Articles of Organization were filed on 05/21/2021 and assigned
document number L21000238420
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).
We lost the space we were going to move into and decided to persue other options.
We lost the space we were going to move into and decided to persue other options.
We lost the space we were going to move into and decided to persue other options.
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:



Signature

Noel Gray

Printed Name

FILING FEE: \$25.00