

L22000139 586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

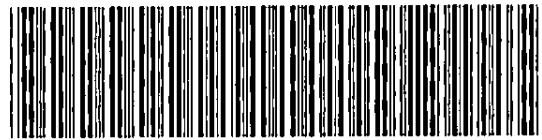
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000404966220

03/20/23--01013--008 **25.00

FILED

2023 MAR 20 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. RIVERS

MAY 19 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Veronicas Therapeutic 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:

Veronica Wilton
(Name of Person)

Veronicas Therapeutic Massage LLC
(Firm/Company)

302 Teakwood Lane
(Address)

Altamonte Springs Florida 32701
(City/State and Zip Code)

For further information concerning this matter, please call:

Veronica Wilton at (917) 251-0256
(Name of Person) (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

Veronicas Therapeutic Massage LLC

2. The Articles of Organization were filed on 3/21/2022 and assigned

document number L22 000139586

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 got started

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

Veronica Wilton

302 Teakwood Lane

Altamonte Springs, Florida

32701

2023 MAR 20 PM 4:51
RECEIVED
SECRETARY OF STATE
OFFICE OF
CORPORATE
REGISTRATION

FILED

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:

Veronica Wilton
Signature

Veronica Wilton
Printed Name

FILING FEE: \$25.00