## L 22000 381663

(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:			
lunils			
Office Use Only			



700428383297

04/23/24--01042--010 \*\*25.00

2024 APR 23 AH 11: 37 Sec: (1)

## **COVER LETTER**

TO: Registration Division of	n Section Corporations	·	
SUBJECT:	PLE T	therapy LLC	
	(Name of L	imited Liability Company)	
The enclosed Article	es of Dissolution and fee(s) are sub	omitted for filing.	
Please return all corr	respondence concerning this matte	r to the following:	
	<u>[2e1</u>	vecca Carrazana	
(Name of Person)			
PLE Therapy UC			
(Firm√Company)			
	19062	8W 134 Ave	
(Address)			
miami M. 33177			
<del></del>	(City	v/State and Zip Code)	
For further informati	ion concerning this matter, please	call:	
Rel	occa Carrarena	ar, 305, 978-8198	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for	the following amount:		
\$25.00 Filing	g Fee and Certificate of Dissolution	S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
<u>Mailing Ad</u> Registrati	Idress: on Section	Street Address: Registration Section	
	of Corporations	Division of Corporations	
P.O. Box		The Centre of Tallahassee	
t attahasse	ee, FL 32314	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  PLE Therap UC	
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	d assigned
document number <u>L 22000381643</u>	
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 docum  Note: If the date inserted in this block does not meet the applicable statutory filing requi  listed as the document's effective date on the Department of State's records.	nemappeders of ming)
4. A description of occurrence that resulted in the limited liability company's dissolu 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	ation pursuant to section
No longer in use.	
	2024 AI
	23
5. If there are no members, enter the name and address of the person appointed to wi activities and affairs:    History Carlots	
19062 SW 136	37
miano Pl	33477
	Ì
6. Signature of an authorized person or if there are no members, the signature of the above to wind up the company's activities and affairs:	person appointed and listed
	Canazan 14
Signature Printed Nat	me mazare 04
FILING FEE: \$25.00	II.