

F15000001750

(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



300284273643

03/31/16--01004--017 **1125.00

RECEIVED
TO ADOPTED FOR
SUFFICIENCY OF FILING

16 APR - 7 AM 11:57

RECEIVED
TALLAHASSEE COUNTY

16 APR - 7 AM 9:38

FILED

Withdrawal

APR 08 2016

D CUSHING

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive
Tallahassee, Florida 32312
(850) 656-4724
Toll Free: 844-541-6792

DATE: 4-7-16

WALK IN

ENTITY NAME: Wellness Solutions of FLORIDA, INC.

****PLEASE FILE THE ATTACHED AND RETURN:****

☒ Plain Copy
☐ Certified Copy

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:****

Document Number: _____
☐ Certified Copy of Arts & Amendments
☐ Certificate of Good Standing

FILED
16 APR -7 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****APOSTILLE/NOTARIAL CERTIFICATION:****

COUNTRY OF DESTINATION _____
NUMBER OF CERTIFICATES REQUESTED _____

TOTAL AMOUNT OWED: 35⁰⁰

CHECK NUMBER: _____

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

Tina Goff, President

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wellness Solutions of Florida, Inc. (cross reference Wellness Solutions, Inc.)
(Name of Corporation)

DOCUMENT NUMBER: F15000001750

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Audrey Giglio

(Name of Person)

Wellness Solutions of Florida, Inc. (cross reference Wellness Solutions, Inc.)

(Firm/Company)

211 Commerce St., Suite 800

(Address)

Nashville, TN 37201

(City/State and Zip code)

For further information concerning this matter, please call:

Audrey Giglio

at (615) 726-5781

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
16 APR -7 AM 9:38
TALLAHASSEE, FL
SECRETARY OF STATE

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Wellness Solutions of Florida, Inc. (cross reference Wellness Solutions, Inc.)
(Name of Corporation)

F15000001750
(Document Number of Corporation (if known))

Tennessee
(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

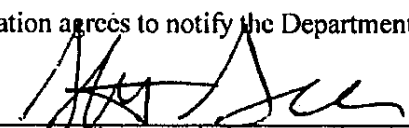
The following is a current mailing address for the corporation:

73 White Bridge Road #103-243
(Mailing Address)

Nashville, TN 37205
(City/ State /Zip)

FILED
16 APR - 7 AM 9:38
SECRETARY OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 03/30/2016 BY 60322

The corporation agrees to notify the Department of State in the future of any change in its mailing address.


(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Steven Scesa
(Typed or printed name of person signing)

03/30/2016
(Date)

Vice President
(Title of person signing)

FILING FEE \$35