

L040000020871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

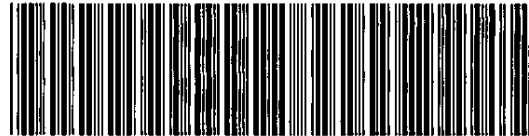
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400184003704

08/06/10--01025--020 **35.00

FILED
10 AUG 26 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 27 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2010

MERRILEE KITTELSTAD
18814 RUE LOIRE
LUTZ, FL 33558

SUBJECT: SUNCOAST WELLNESS LLC
Ref. Number: L04000020871

We have received your document for SUNCOAST WELLNESS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 010A00019029

10 AUG 26 AM 11:38
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNCOAST WELLNESS 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:

MERRILEE KITTELSTAD

(Name of Person)

SUNCOAST WELLNESS LLC

(Firm/Company)

8664 KEY BISCAYNE DR #103

(Address)

TAMPA, FL 33614

(City/State and Zip Code)

For further information concerning this matter, please call:

MERRILEE KITTELSTAD

(Name of Person)

at (813) 417-9676

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$25.00 Filing Fee



\$30.00 Filing Fee &
Certificate of Status



\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
10 AUG 26 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

SUNCOAST WELLNESS LLC

2. The Articles of Organization were filed on

'04

and assigned document number

L040000 20871

3. The date the dissolution was approved:

12/31/09

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

divorce

5. CHECK ONE:

☐

All debts, obligations and liabilities of the limited liability company have been paid or discharged.

-OR-

☒

Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

☐

There are no suits pending against the company in any court.

-OR-

☒

Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

MERRILEE KITTELSTAD

FILED
10 AUG 26 AM 11:38
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILING FEE: \$25.00