

W05000012386

00789-00524-00071 form LC diss - not Amend  
to 1a

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

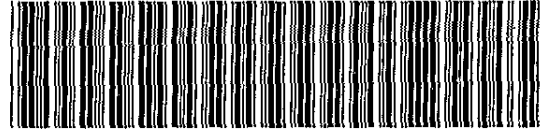
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Special Instructions to Filing Officer:

6/28 diss

W05-12386

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05/06/05--01049--004 \*\*25.00

M. HODGES

05 JUN 28 PM 0:28



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

May 13, 2005

SHERI MATHIS  
2145 HAWKCREST DR EAST  
JACKSONVILLE, FL 32259

SUBJECT: EVERYDAY WELLNESS LLC  
Ref. Number: L05000012386

We have received your document for EVERYDAY WELLNESS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must file the attached form to dissolve this Limited Liability Company. The amendment form submitted is not sufficient to change the LLC to a Corporation. You must dissolve this LLC and then file new Articles of Incorporation to form a corporation.

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) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 205A00034662

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Every Day 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:

Sheri Mathis  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

2145 Hawkcrest Dr East  
(Address)

JACKSONVILLE FL 32259  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sheri Mathis at ( 904 )  
(Name of Person) (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)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF DISSOLUTION  
FOR  
A FLORIDA LIMITED LIABILITY COMPANY**

1. The name of the limited liability company is

Everyday Wellness LLC

2. The date the dissolution was approved: 6/6/05

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

Upon written consent of all of the members of the LLC.

4. **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.

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

6. **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  
Shawn Mathis  
Ronald Mathis

Typed or Printed name

Shawn Mathis

Ronald Mathis

05 JUN 28 PM 3:28