L05000031557

(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

600271317176

04/06/15--01023--024 **25.00

FILED
2015 APR -6 PM 3:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APR 21 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Yoga Sanctuary 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:

Terrence Yonker
(Name of Person)

The Yoga Sanctuary LLC
(Firm/Company)

112 Sullivan St
(Address)

Punta Gorda FL 33950
(City/State and Zip Code)

For further information concerning this matter, please call:

Terrence Yonker at (941) 661-9970
(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)

FILED
2015 APR -6 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is The Yoga Sanctuary LLC

2. The Articles of Organization were filed on 3/19/07 and assigned document number L05000031880

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)

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).
Cease Operations

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

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:

Signature

Terrence Yonker
Printed Name

FILING FEE: $25.00

FILED
2015 APR -6 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA