

L070000 45755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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05/11/11--01010--027 **7.50

04/15/11--01030--023 **52.50

FILED

11 MAY 10 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAY 11 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2011

KASHMIRA PATEL
MID FLORIDA WELLNESS LLC
4919 SE 4TH AVE
OCALA, FL 34480

SUBJECT: MID FLORIDA WELLNESS, LLC
Ref. Number: L07000045755

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TALLAHASSEE, FLORIDA

We have received your document for MID FLORIDA WELLNESS, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 511A00009291

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MID FLORIDA WELLNESS, LLC DISSOLUTION
(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:

KASHMIRA PATEL

(Name of Person)

(Firm/Company)

310 SE 29TH PLACE

(Address)

OCALA, FL 34471

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

KASHMIRA PATEL

(Name of Person)

at (352) 361-0622

(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

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 The name of a limited liability company is
MID FLORIDA WELLNESS, LLC

2 The Articles of Organization were filed on 05/01/2007 and assigned document number
L07000045755

3 The date the dissolution was approved: 12/31/2010

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).

BUSINESS CLOSED

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
x Kashmira Patel
x Leka Sivasekaran
x Suvetha Ketheeswaran

Printed Name

KASHMIRA PATEL

LEKA SIVASEKARAN

SUVETHA KETHEESWARAN