

W08 000074541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

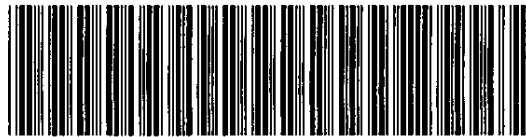
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/23/12--01043--014 **25.00

T. CLINE

JAN 24 2012

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 JAN 23 PM 2:01

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4WELLNESS NETWORK 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:

Vicente Behrens

(Name of Person)

4WELLNESS NETWORK LLC

(Firm/Company)

830 SW 93rd AVE

(Address)

MIAMI, FL 33174

(City/State and Zip Code)

For further information concerning this matter, please call:

Vicente Behrens

(Name of Person)

at (954) 682-0338

(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is
4WELLNESS NETWORK LLC

2. The Articles of Organization were filed on **08/04/2008** and assigned document number
L08000074541

3. The date the dissolution was approved: **01/12/2012**

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).

Inactivity of business

5. CHECK ONE:

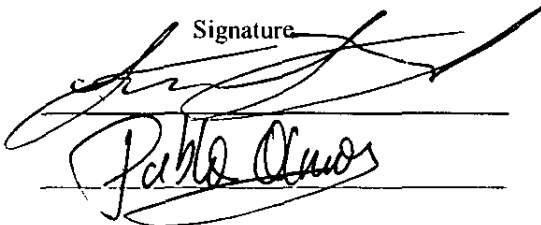
- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.442

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
Vicente Behrens

Pablo Olmos

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA