

11/8/2015

L09000075951

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000265922 3)))



H150002659223ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : GILMAN CIOCIA INC.
Account Number : I20120000051
Phone : (305)937-7773
Fax Number : (815)301-2897

**LLC DISSOLUTION OR WITHDRAWAL
GLOBE ALL WELLNESS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

15 NOV -6 AM 8:39

FILED
15 NOV -6 AM 7:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help NOV - 9 2015

J SHIVERS

H/50002659223

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

1. The name of a limited liability company is
GLOBE ALL WELLNESS, LLC

2. The Articles of Organization were filed on 8/5/2009 and assigned
document number L09000075951

3. The delayed effective date the dissolution if not effective on the date of filing: 11/5/2015
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
listed as the document's effective date on the Department of State's records.

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).

Globe all wellness suffering and experiencing copyrights issues and counterfeit products selling by others

under our company name and company phone number.

With the advice of FDA inspectors to resolve liabilities issue we decided to close the company.

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

ERAN HAMAMI

Printed Name

FILING FEE: \$25.00

FILED
15 NOV -6 AM 7:42
SECRETARY OF STATE
ALLAHABAD, FLORIDA