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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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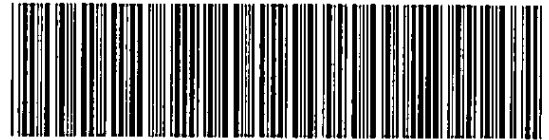
(Business Entity Name)

(Document Number)

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2022 JAN -4 PM 4:26
SECRETARY OF STATE
TOLSON, MISSOURI

Dissolution

JAN 21 2022
D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WHAT'S IN IT FOR YOU ACQUISITIONS, 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:

PAMELA LEE BROWN

(Name of Person)

(Firm/Company)

C/O 210 17TH ST., N.E.

(Address)

CANTON, OH 44714

(City/State and Zip Code)

For further information concerning this matter, please call:

PAMELA LEE BROWN at (315) 690-2623
(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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2022 JAN -4 PM 4:26
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TALLAHASSEE, FL

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

1. The name of a limited liability company is

WHAT'S IN IT FOR YOU, ACQUISITIONS, LLC

2. The Articles of Organization were filed on JANUARY 04, 2010 and assigned

document number L10000000214

3. The delayed effective date the dissolution if not effective on the date of filing: DECEMBER 31, 2021
(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).

HEALTH REASONS

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

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:

Pamela Lee Brown

Signature

PAMELA LEE BROWN

Printed Name

FILING FEE: \$25.00