

410000 124837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

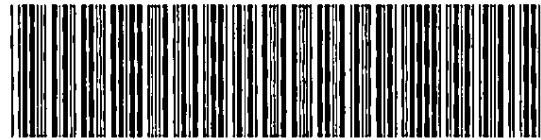
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/07/19---01019--029 *25.00

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JAN 14 2019

FILED
19 JAN - 7 PM 4:23
Clerk of Court
Clerk of Court

✓
Dis. w/
notice

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bene Vita, 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:

Christine L. Reiss

(Name of Person)

(Firm/Company)

338 Bunkers Cove Rd

(Address)

Panama City, FL 32401

(City/State and Zip Code)

For further information concerning this matter, please call:

Christine L. Reiss

(Name of Person)

850 774-6671

(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/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

Bene Vita, LLC

2. The Articles of Organization were filed on December 6, 2010 and assigned

document number L10000124837

3. The delayed effective date the dissolution if not effective on the date of filing: 01/10/2019
(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.

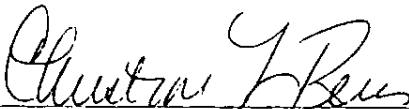
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Voluntary dissolution by unanimous consent of all members.

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

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19 JAN -7 PM 4:03
CLERK OF THE
SOLICITOR GENERAL'S
OFFICE
TALLAHASSEE, FLORIDA

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

Christine L. Reiss

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Bene Vita, LLC

Document number of Limited Liability Company is: L10000124837

Date of dissolution was: 01/10/2019

Description of information that must be included in a written claim:


A reasonable description of the claim including the amount of the claim,
the date the claim occurred and any circumstances giving rise to the claim,
the amount of the claim and names of all persons having information
regarding the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

c/o Christine L. Reiss
338 Bunkers Cove Rd
Panama City, FL 32401

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Christine L. Reiss
Printed Name of the Person Filing


Signature of the Person Filing