

L11 000013944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

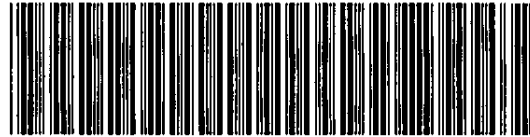
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700255629207

01/16/14--01012--003 **25.00

JAN 22 2014

T CLINE

SECRETARY OF STATE
FALLS CHURCH, VA 22038-1100

2014 JAN 16 PM 1:41

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOOD VIBRATION YOGA, 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:

VERONIKA WETTSTEIN-STEWART

(Name of Person)

GOOD VIBRATION YOGA, LLC

(Firm/Company)

900 SOUTH ELM AVE.

(Address)

SANFORD, FL 32771

(City/State and Zip Code)

For further information concerning this matter, please call:

GARY STEWART

(Name of Person)

at (619) 300-9126

(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

FILED
2014 JAN 16 PM 1:41
TALLAHASSEE, FL
CLERK OF COURT

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

1. The name of a limited liability company is
GOOD VIBRATION YOGA, LLC
2. The Articles of Organization were filed on 02.02.2011 and assigned
document number L11000013944
3. The delayed effective date the dissolution if not effective on the date of filing: _____
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).

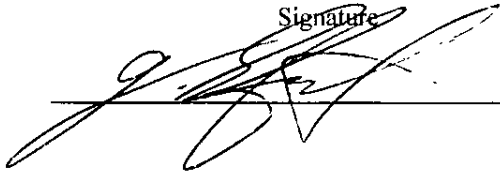
THE COMPANY WENT BANKRUPT

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

900 SOUTH ELM, AVE. SANFORD, FL. 32771

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



Printed Name

GARY STEWART

FILING FEE: \$25.00

FILED
2014 JAN 16 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA