

L11000090138

(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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01/13/17--01007--020 **25.00

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17 FEB 24 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

MAR. 2 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2017

RICHARD HOEHN
1425 TUSKAWILLA RD #193
WINTER SPRINGS, FL 32708

SUBJECT: ADVENTURE MARTIAL ARTS, LLC
Ref. Number: L11000090138

RECEIVED
2017 FEB 24 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ADVENTURE MARTIAL ARTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE PROVIDE WRITTEN CLAIM.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 217A00000908

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dionne 6327
PO BOX 834
Tall FL
32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Adventure Martial Arts
(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:

Richard Hoehn
(Name of Person) The Zen Life center
~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~
(Firm/Company)
1425 Tuskawilla Rd #~~100~~ 193
(Address)
Winter Springs, FL 32708
(City/State and Zip Code)

For further information concerning this matter, please call:

Richard Hoehn at (407) 657-1212
(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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
17 FEB 24 AM 10 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DRESS:

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

1. The name of a limited liability company is

Adventure Martial Arts

2. The Articles of Organization were filed on 8/5/2011 and assigned

document number L11200090138

3. The delayed effective date the dissolution if not effective on the date of filing: 1/15/17
(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).

We will no longer be operating as
an LLC. We will be starting another
business as a Benefit corporation.

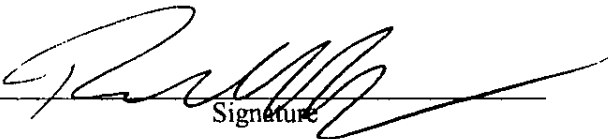
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Richard Hehn

4009 Stonefield Dr.

Orlando FL 32826

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

Richard Hehn
Printed Name

FILING FEE: \$25.00

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17 FEB 26 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Adventure Martial Arts

Document number of Limited Liability Company is: L11000090138

Date of dissolution was: 1/15/17

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

We will no longer be operating as an
LLC. We will be starting a new business
which will be a benefit corporation.

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

The Zen Life Center
1425 Tuska Willa Rd #193
Winter Springs FL 32708

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17 FEB 24 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Richard Hoehn

Printed Name of the Person Filing

[Signature]

Signature of the Person Filing