

L120000001385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

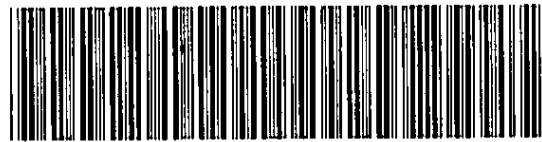
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/19/21--01024--017 25.00

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TALLAHASSEE, FLORIDA

TC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beyond Biology LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gail Wasserman
(Name of Person)
Beyond Biology LLC
(Firm/Company)
6151 Riverwalk Ln Unit 4
(Address)
Jupiter FL 33458
(City/State and Zip Code)

For further information concerning this matter, please call:

Gail Wasserman at 561, 839 9420
(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

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

1. The name of a limited liability company is

Beyond Biology LLC

2. The Articles of Organization were filed on 1/4/2012 and assigned

document number L12000001385

3. The delayed effective date the dissolution is not effective on the date of filing: 12/31/2020
(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).

Agreement among 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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STATE
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

Gail Wasserman

Printed Name

member

FILING FEE: \$25.00



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Attached are the form and instructions to **dissolve a Florida Limited Liability Company.**

A limited liability company can voluntarily dissolve by filing articles of dissolution with the Division of Corporations that meet the requirements of 605.0707, Florida Statutes.

The fees are as follows:

\$25.00	Filing Fee and automatic certificate of dissolution
\$30.00	Certified copy (optional)

Submit one check made payable to the Florida Department of State. Please include a cover letter containing your telephone number and return address. A letter of acknowledgment and certificate of dissolution will be issued after the dissolution has been filed.

Any further inquiries on this matter should be directed to the Registration Section by calling (850) 245-6051, or by writing Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314.

NOTE: THIS FORM FOR FILING ARTICLES OF DISSOLUTION IS BASIC. EACH LIMITED LIABILITY COMPANY IS A SEPARATE ENTITY AND AS SUCH HAS SPECIFIC GOALS, NEEDS, AND REQUIREMENTS. ADDITIONAL SHEETS MAY BE ATTACHED AS REQUIRED.

THE DIVISION OF CORPORATIONS RECOMMENDS THAT ALL DOCUMENTS BE REVIEWED BY YOUR LEGAL COUNSEL. THE DIVISION IS A FILING AGENCY AND AS SUCH DOES NOT RENDER ANY LEGAL, ACCOUNTING, OR TAX ADVICE. THE PROFESSIONAL ADVICE OF YOUR LEGAL COUNSEL TO ASCERTAIN EXACT COMPLIANCE WITH ALL STATUTORY REQUIREMENTS IS STRONGLY RECOMMENDED.