

L12000005633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

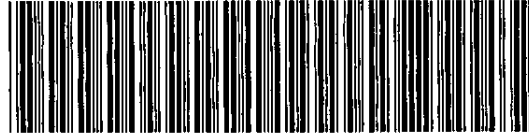
(Business Entity Name)

(Document Number)

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15 JUN 29 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 30 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Fotek Insurance and Wellness, 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:

Suzanne Foglio

(Name of Person)

Foglio Associates

(Firm/Company)

1512 Hwy 138

(Address)

Wall, NJ 07719

(City/State and Zip Code)

For further information concerning this matter, please call:

Suzanne Foglio

(Name of Person)

at (**732**) **556-0446**
(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
15 JUN 29 PM 3:46
TALLAHASSEE, FL 32301
SECRET
FALL 2015

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

1. The name of a limited liability company is

Fotek Insurance and Wellness, LLC

2. The Articles of Organization were filed on January 11, 2012 and assigned

document number L12000005633

3. The delayed effective date the dissolution if not effective on the date of filing: 04/01/2015

(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).

Company was dissolved

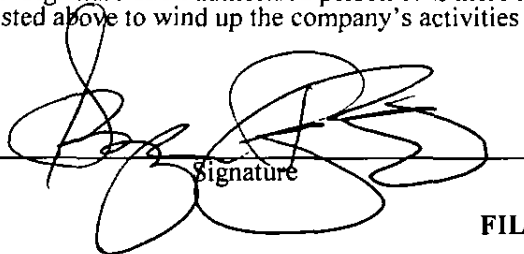
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Suzanne Foglio

1512 Hwy 138

Wall, NJ 07719

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

Suzanne Foglio

Printed Name

FILING FEE: \$25.00

FILED
JUN 29 2015
SECRETARY OF STATE
TALLAHASSEE, FLORIDA