

L12000094912

(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



300272175433

04/29/15--01012--009 **25.00

FILED
2015 APR 29 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Senior Wishes 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:

Julie Woodard
(Name of Person)

Senior Wishes LLC
(Firm/Company)

1783 Briar Creek Ln
(Address)

Sarasota FL 34235
(City/State and Zip Code)

For further information concerning this matter, please call:

Julie Woodard at 941, 468-2323
(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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2015 APR 29 PM 12:01

1. The name of a limited liability company is

Senior Wishes LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. The Articles of Organization were filed on 7-23-2012 and assigned

document number 412000094912

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

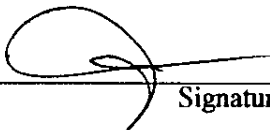
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Business closed down and is no longer operating.

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

Julie Woodard
1783 Buier Creek Ln
Sarasota FL 34235

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

Julie Woodard

Printed Name

FILING FEE: \$25.00