

L12000113783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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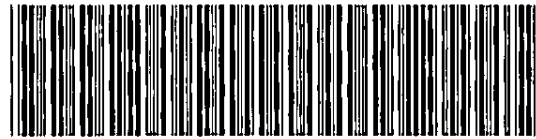
(Business Entity Name)

(Document Number)

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UTB  
11-29-18

**FILED**  
2018 NOV 26 AM 9:07  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CRABTREE Healthy Living, 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:

Richard Crabtree  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

639 Roberta Ave  
(Address)

ORLANDO, FL 32803  
(City/State and Zip Code)

For further information concerning this matter, please call:

Richard Crabtree at ( 407 ) 924-9228  
(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

A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

CRABTREE HEALTHY LIVING, LLC

**FILED**

2. The Articles of Organization were filed on Sept 05, 2012 and assigned

**2012 NOV 26 AM 9:07**

document number L12000113783

SECRETARY OF STATE  
TALLAHASSEE, FL

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)

**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).

In accordance with 605.0701 (2) - all members  
consent to dissolution of the company.

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 Crabtree

639 Roberta Ave

Orlando, FL 32803

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 Crabtree  
Printed Name

FILING FEE: \$25.00