L/2000/16226

(Requestor's Name)			
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone	· #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
R-7)			

Office Use Only



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02/24/14--01027--007 **55.00

14 FEB 24 PH 1: 06
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

T. Burch #EB 2.5 2014.

COVER LETTER

Division of Corporations			
SUBJECT: STRENG THS EMPOWERED, 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:			
JANE HOELKER COJOANNE SILVERMAN (Name of Person)			
(Firm/Company)			
5617 AVISTA DRIVE			
(Address)			
SARASOTA FLORIDA 34243			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
JANE HOELKER at (+974), 6667-9846 (Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee 30.00 Filing Fee & Securificate of Status Certificate of Status & Certificate of Sta			

MAILING ADDRESS:

TO:

Registration Section

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

1. The name of a limited liability company is		
- STRENGTHS EMP	OWERED,	LLC
2. The Articles of Organization were filed on	11/2012	and assigned document number
3. The date the dissolution was approved:	2014	
4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back cov	er letter).	olution pursuant to section
RELOCATION DUER	SEAS	· Au
		TO THE
		ASSET
5. CHECK ONE:		C.F.C.
All debts, obligations and liabilities of the lin-OR-Adequate provision has been made for the de		ריים דיים −
6. All remaining property and assets have been distribut rights and interests.	ed among its members in a	accordance with their respective
7. CHECK ONE:		
There are no suits pending against the compa-OR-Adequate provision has been made for the sa entered against it in any pending suit.		, order or decree which may be
ignatures of the members having the same percentage of n	nembership interests neces	sary to approve the dissolution:
Signature	I	Printed Name
June HoElher	JANE	HOELKER
U	 	
		.=.
		

FILING FEE: \$25.00