

L12000123971

(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



400271806824

04/17/15--01011--016 **25.00

FILED
2015 MAY 26 PM 6:22
STATE OF TEXAS
TALLAHASSEE, FL 0601

K. SALY
EXAMINER
MAY 26 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 1, 2015

SUSAN SANDERS
1810 SW NEWPORT ISLES BLVD
PORT ST. LUCIE, FL 34953

SUBJECT: INNER WELLNESS CENTERS OF FLORIDA, LLC
Ref. Number: L12000123971

We have received your document for INNER WELLNESS CENTERS OF FLORIDA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 815A00009026

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Inner Wellness Centers of Florida, 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:

Susan Sanders

(Name of Person)

(Firm/Company)

1810 SW NEWPORT ISLES BLVD

(Address)

PORT SAINT LUCIE, FL 34953

(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Sanders

(Name of Person)

772

882-0701

at ()

(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 MAY 26 PM 6:22
CLERK OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
Inner Wellness Centers of Florida, LLC
2. The Articles of Organization were filed on 09/27/2012 and assigned
document number L12000123971
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).
I could not maintain the business as I did not have enough patients.
Not enough revenue was created and I had to close down because I could not pay
bills.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Susan Sanders
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

Susan Sanders

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Inner Wellness Centers of FL

Document number of Limited Liability Company is: L12000123971

Date of dissolution was: _____

Description of information that must be included in a written claim:

This company is no longer in business and has not been since Dec 31, 2014.

I could not stay open as I did not have enough
revenue to pay bills.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

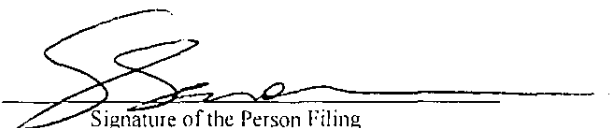
1810 SW NEWPORT ISLES BLVD

Port Saint Lucie, FL 34953

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Susan Sanders

Printed Name of the Person Filing


Signature of the Person Filing

FILED
2015 MAY 26 PM 6:22
CLERK OF CIRCUIT COURT
TALLAHASSEE FLORIDA