

L12000124388

(Requestor's Name)

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☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

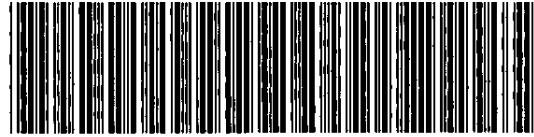
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ALL REQUESTS MUST BE MADE IN WRITING

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17 APR 19 PM 2:09

O SIMMONS
APR 20 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Complete Supplements, 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:

Gayle Klvesner
(Name of Person)

Complete Supplements
(Firm/Company)

595 Bahama Dr.
(Address)

Indiantic FL 32903
(City/State and Zip Code)

RECEIVED
2017 APR 19 PM 2:56
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Gayle Klvesner at (618) 407-9944
(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

I had sent in \$50.00.
Please take the \$25 &
send me the remainder.

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

1. The name of a limited liability company is

Complete Supplements, LLC

2. The Articles of Organization were filed on ~~4-16-17~~ 9-28-12 and assigned

document number L12000124388

3. The delayed effective date the dissolution if not effective on the date of filing: 4.16.17
(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).

owner decided to close 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:

Gayle Kluesner

595 Bahama Dr.

Indiantonic FL 32903

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

Gayle Kluesner
Printed Name

FILING FEE: \$25.00

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