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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

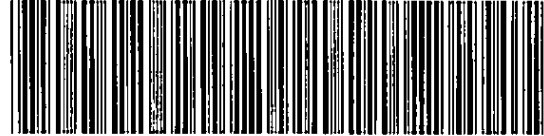
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2022 APR 27 AM 11:33
STATE OF FLORIDA
TALLAHASSEE, FL

cf 4/27/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROACTIVE REACTIVE
(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:

ANGELINE L. KING

(Name of Person)

PROACTIVE REACTIVE, LLC

(Firm/Company)

2868 WEST COMMUNITY DRIVE

(Address)

JUPITER, FL 33458

(City/State and Zip Code)

For further information concerning this matter, please call:

ANGELINE L. KING

(Name of Person)

at (361) 644-6830

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 8, 2022

ANGELINE L. KING
2868 WEST COMMUNITY DRIVE
JUPITER, FL 33458

SUBJECT: PROACTIVE REACTIVE LLC
Ref. Number: L13000004715

We have received your document for PROACTIVE REACTIVE LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must include a description of the information that must be included in a written claim. The description may include but not limited to who is filing the claim, the amount of the claim and a reason the claim is being filed.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 122A00008225

RECEIVED

2022 APR 21 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FL

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

FILED

2022 APR 27 AM 11:33

SEAL
TALLAHASSEE, FL
STATE

1. The name of a limited liability company is _____

ProActive REACTIVE LLC

2. The Articles of Organization were filed on JANUARY 7, 2013 and assigned _____

document number L13000004715

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).

No Business Activity is being conducted

and therefore dissolved.

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

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:

Angeline L. King
Signature

Angeline L. King
Printed Name

FILING FEE: \$25.00