

L13000047412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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EFFECTIVE DATE
4-30-2014

04/18/14--01019--019 **25.00

FILED
2014 APR 18 PM 5:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
APR 22 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atlantic Wellness Institute, 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:

Doreen A. Ciordia

(Name of Person)

(Firm/Company)

32 SE 2nd Avenue Unit 241

(Address)

Delray Beach, Florida 33444

(City/State and Zip Code)

For further information concerning this matter, please call:

Doreen Ciordia

(Name of Person)

561

at (

420-7807

) _____
(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

EFFECTIVE DATE
4-30-2014

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2014 APR 18 PM 5:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
Atlantic Wellness Institute, LLC

2. The Articles of Organization were filed on April 1, 2013 and assigned
document number L13000047412

3. The delayed effective date the dissolution if not effective on the date of filing: April 30th, 2014
(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).

The passage of 90 consecutive days during which the company has no members.

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

32 SE 2nd Avenue Unit 241

Delray Beach, FL 33444

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:

Doreen A. Ciordia
Signature

Doreen A. Ciordia

Printed Name

FILING FEE: \$25.00