

L13000077518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

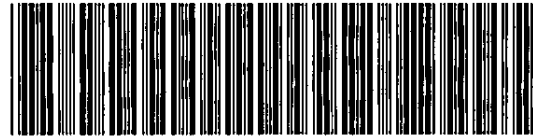
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUL 21 PM 4:15

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T Burch JUL 21 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Follow the Leader, 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:

John Sullivan
(Name of Person)

Your Complete Wellness Center, LLC
(Firm/Company)

6812 Sheldon Road
(Address)

Tampa, FL 33615
(City/State and Zip Code)

For further information concerning this matter, please call:

John Sullivan at 813) 244-2930
(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

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

1. The name of a limited liability company is

Follow the Leader, LLC

2. The Articles of Organization were filed on 5/28/13 and assigned

document number L13000077518

3. The delayed effective date the dissolution if not effective on the date of filing: 7/13/14
(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).

Business Closing

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

6812 Sheldon Rd
Tampa, FL 33615

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:

Colleen Sullivan

Colleen Sullivan
John Sullivan

Signature

Printed Name

FILING FEE: \$25.00

14 JUL 21 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED