

L13000464475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

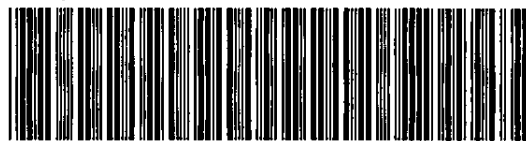
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J. Stivers MAR 18 2014

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TALLAHASSEE, FLORIDA
MAR 17 2014

16 MAR 17 PM 10:14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Age Redefined 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:

Shelly Cohen

(Name of Person)

(Firm/Company)

1608 LAKE Rhea Dr.

(Address)

Windermere FL 34786

(City/State and Zip Code)

For further information concerning this matter, please call:

Shelly Cohen

(Name of Person)

at

407, 9519212

(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

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

1. The name of a limited liability company is

Age Redefined LLC

2. The Articles of Organization were filed on 11-25-2013 and assigned

document number L13000164475

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).

Lack of Funding

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

Shelly Cohen
1608 Lake Rhea Dr.
Windermere FL 34786

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:

Shelly Cohen
Signature

Shelly Cohen
Printed Name

FILING FEE: \$25.00

14 NOV 7 PM 10:10
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-14-2013 BY 60322
UCBA