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(((H24000409011 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: ALLEY, MAASS, ROGERS & LINDSAY, P.A. - STUARS Account Name

Account Number : I20190000118 Phone

: (561)659-1770

Fax Number

: (561)833-2261

LLC DISSOLUTION OR WITHDRAWAL WORK RIGHT ATTITUDE LLC

Certificate of Status	i
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K. SALY DEC 1 2 2024

COVER LETTER

TO: Registration Section Division of Corporations				
WORK RIGHT ATTITUDE LLC				
(Name of Limited Liability Company)				
The enclosed Articles of Dissolution and fee(s) are sub-	mitted for filing.			
Please return all correspondence concerning this matter	to the following:			
STUART J. HAFT, ESQ.				
0	Name of Person)			
ALLEY, MAASS, ROGERS & LIND	SAY, P.A.			
(Firm/Company)				
340 ROYAL POINCIANA WAY - SUITE 321				
(Address)				
PALM BEACH, FLORIDA 33480				
(City)	State and Zip Code)			
For further information concerning this matter, please of	all:			
STUART J. HAFT	561 659-1770			
(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	Street Address: Registration Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
Tallahassee, FL 32314	Tallahassee, FL 32303			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

No. 9251 F. 5
H24000409011 3

I

١.	The name of a limited liabil WORK RIGHT ATTITUDE I	1.40.	
2.	The Articles of Organizatio	n were filed on DECEMBER 11, 2013 and assigned	
	document number L130001	71410	
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 605.0707, Florida Statutes, (that resulted in the limited liability company's dissolution pursuant to section copy 605.0707 on back cover letter).	
		O IN WRITING TO THE DISSOLUTION. THE COMPANY DOES NOT HAVE	
E	THE COMPANY IS NO LON	GER NEEDED. ter the name and address of the person appointed to wind up the company's	
Э.	activities and affairs:	STUART J. HAFT	
		340 ROYAL POINCIANA WAY - SUITE 321	
		PALM BEACH, FLORIDA 33480	
6. at	Signature of an authorized pove to wind up the company	person or if there are no members, the signature of the person appointed and listed 's activities and affairs:	
•	$\rightarrow \sim$	STUART J. HAFT	
_	Signature	Printed Name	

FILING FEE: \$25.00