

L14000007250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

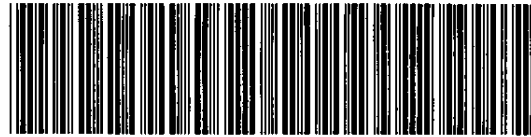
(Document Number)

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FILED
14 JUN -3 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 Jun JUN 9 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trinity Wellness Centers
(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:

Aureisha Pimentel / Jon Gelman
(Name of Person)

Trinity Wellness Centers
(Firm/Company)

10237 Windhorst Rd
(Address)

Tampa FL 33619
(City/State and Zip Code)

For further information concerning this matter, please call:

Jon Gelman at (813) 299-8700
(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

Trinity Wellness Centers, LLC

2. The Articles of Organization were filed on 5/30/14 1/10/14 and assigned

document number 410-4268506 L141000007250

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).

Insufficient Funding

1 JUN -13 PM 4: 15
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

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:

Aneisha Pimentel
Signature

Aneisha Pimentel
Printed Name

FILING FEE: \$25.00