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Florida Department of State
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**LLC DISSOLUTION OR WITHDRAWAL
GLOBAL WELLNESS INSTITUTE LLC**

Certificate of Status	0
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5/29/2015 1:45:41 PM From: To: 8506176383(2/4)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Global 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:

Michael Baird

(Name of Person)

Satterlee Stephens Burke & Burke LLP

(Firm/Company)

230 Park Avenue, Suite 1130

(Address)

New York, NY 10169

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Baird

(Name of Person)

at 212 404-8771

(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
Global Wellness Institute LLC
2. The Articles of Organization were filed on April 10, 2014 and assigned
document number L14000059654
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)
Notes: 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 that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
The dissolution was consented to by all members of Global Wellness Institute LLC.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:
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:

Signature

Pete Ellis

Printed Name _____

FILING FEE: \$25.00

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TALLAHASSEE FLORIDA