

L14 000081902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

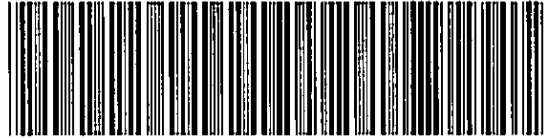
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600346063136

08/15/20--01033--029 **25.00

FILED
CLERK OF STATE
CORPORATIONS
20 JUN 15 PM 4:05

Dissolution

JUL 15 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TAI CHI OF CHOICE 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:

Cynthia Wonnacott
(Name of Person)

TAI CHI OF CHOICE LLC
(Firm/Company)

2820 72nd St. Ct. W.
(Address)

BRADENTON, FLORIDA 34209
(City/State and Zip Code)

20 JUN 15 PM 4:05
DIVISION OF CORPORATIONS
FILED

For further information concerning this matter, please call:

Cynthia Wonnacott at (941) 713-0354
(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

20 JUN 15 PM 4:05
CLERK OF SUPERIOR COURT
STATE OF FLORIDA

1. The name of a limited liability company is

TAI CHI of Choice LLC

2. The Articles of Organization were filed on 5/20/2014 and assigned

document number L14000081902

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 that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Health Reasons limit my ability
to continue

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

Cynthia Wonnacott
2820 72nd St. Ct. W.
BRADENTON, FL. 34209

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:

Cynthia Wonnacott
Signature

Cynthia Wonnacott
Printed Name

FILING FEE: \$25.00