

L14000148490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

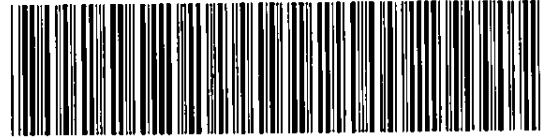
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



200433147052

FILED
JUL 23 2024
TALLAHASSEE, FLORIDA

2024 JUL 23 AM 10:33

RECEIVED
JUL 23 2024
TALLAHASSEE, FLORIDA

2024 JUL 23 PM 3:30



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext:
Date: 07/23/24
Order #: 1572563-1
Re: Remalix Associates, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Dissolution/Cancellation/Termination

Amount to be deducted from our State Account: \$500.00 FL State Account Number:
120000000195

AUTH

A handwritten signature in black ink, appearing to read "Amanda Miller", is written over the text of the enclosed application and state account number.

Please take the following action:
File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Remalix Associates, 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:

Karen Freeman

(Name of Person)

Avoid Associates

(Firm/Company)

232 Bears Club Drive

(Address)

Jupiter FL 33477

(City/State and Zip Code)

For further information concerning this matter, please call:

Karen Freeman

(Name of Person)

at (475) 201 - 7982

(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

FILED

2024 JUL 23 AM 10:33

1. The name of a limited liability company is

Remalix Associates TALLAHASSEE, FLORIDA

2. The Articles of Organization were filed on September 22, 2021 and assigned

document number L14000148490

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).

Company is no longer in business

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:

Jeff Elliott
Signature

Jeffrey Elliott
Printed Name

FILING FEE: \$25.00