

L15000067698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

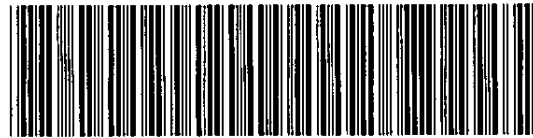
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/21/16--01018--007 **25.00

FILED

16 MAY -6 PM 4: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/12/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 MAY -6 AM 11:30
TALLAHASSEE, FLORIDA

April 22, 2016

BRUCE CATANZARO
219 SE 23RD AVE.
BOYNTON BEACH, FL 33435

SUBJECT: INSTITUTE FOR AGE MANAGEMENT, LLC
Ref. Number: L15000067698

We have received your document for INSTITUTE FOR AGE MANAGEMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We received your document, however please provide us with the address on #5 of application, and also provide us with the written claim.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 116A00008406

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16 MAY -6 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Institute for Age Management, 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:

Bruce Catanzaro

(Name of Person)

Institute for Age Management, LLC

(Firm/Company)

219 SE 23rd Ave.

(Address)

Boynton Beach, FL 33435

(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Bruce Catanzaro

(Name of Person)

at 561 637-4242

(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

Institute for Age Management, LLC

2. The Articles of Organization were filed on April 17, 2015 and assigned

document number L15000067698

3. The delayed effective date the dissolution if not effective on the date of filing: April 15, 2016
(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).

No longer in business.

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MAY -6 PM 4:07
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:

Bruce Catanzaro, MGR

219 SE 23rd AVE.

BOYNTON BEACH, FL 33435

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

Bruce Catanzaro, MGR

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Institute for Age Management, LLC

Document number of Limited Liability Company is: L15000067698

Date of dissolution was: April 15, 2016

Description of information that must be included in a written claim:

none
None

*The Institute for Age Management, LLC is
no longer in operation.*

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Mr. Catanzaro

219 SE 23rd Ave.

Boynton Beach, FL 33435

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Bruce Catanzaro

Printed Name of the Person Filing

Bruce Catanzaro

Signature of the Person Filing

Digitally signed by Bruce
Catanzaro
Date: 2016.04.15 16:27:38 -04'00'

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

FILED
16 MAY -6 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA