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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : E ALEX ORTIZ, CPA, PA

Account Number : I2018000017 Phone

: (305)340-2000

Fax Number

: (786)953-6246

LLC DISSOLUTION OR WITHDRAWAL TIME FOR HEALTH LLC

	AM 8: 48	OF STATE RPORATIONS E. FLORIDA
C	2023 SEP - 1	DEPARTHENT DIVISION OF COR TALLANASSEE

Certificate of Status	0
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COVER LETTER

TO:

Registration Section Division of Corporations

TIME FOR HEALTH 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:

ALEX ORTIZ, CPA

(Name of Person)

E ALEX ORTIZ, CPA, PA

(Finn/Compuny)

2727 PONCE DE LEON BLVD

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

ALEX ORTIZ, CPA

 $_{at}(305)340-2000$

(Nume of Person)

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 TIME FOR HEALTH LLC	· · · · · · · · · · · · · · · · · · ·
2. The Articles of Organization were filed on 09/01/2015	and assigned
document number L15000150933	
The delayed effective date the dissolution if not effective on the date of (effective date cannot be prior to or more than 20 days later the Note: If the date inserted in this block does not meet the applicable statutory listed as the document's effective date on the Department of State's records.	non date document is received for filing) / filing requirements, this date will not be
. A description of occurrence that resulted in the limited liability compa 605,0707, Florida Statutes, (copy 605,0707 on back cover letter).	any's dissolution pursuant to section
(c) Unless otherwise provided in the articles of organization or operating agree	ement, upon the written consent of
all the members of the limited liability company.	
. If there are no members, enter the name and address of the person appe	ointed to wind up the company's
activities and affairs:	<u> </u>
	, , , , , , , , , , , , , , , , , , ,
	2823 5000
/	1
Signature of an authorized person or if their are no members, the signal steed above to wind up the company's activities and affoirs:	ature of the person appointed and 0.
	, , , , , , , , , , , , , , , , , , , ,
CRISTINA SERB	Printed Name
FILING FEE: \$25.00	· mad manu
FILLIO FEE: \$23.00	