

L16000004645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

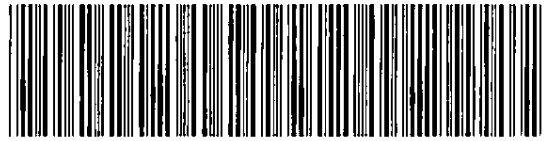
(Document Number)

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09/12/24--01022--010 **25.00

2024 SEP 12 11:36
FBI/DOJ

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHILL THERAPY, LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christine Bamed

(Name of Person)

Cole, Scott & Kissane, P.A.

(Firm Company)

4190 Belfort Rd., Suite 300

(Address)

Jacksonville, FL 32216

(City/State and Zip Code)

For further information concerning this matter, please call:

Christine Bamed

904

672-4179

at ()

(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**

1. The name of a limited liability company is

CHILL THERAPY, LLC

2. The Articles of Organization were filed on 01/11/2016 and assigned

document number L16006004645

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).

The consent of all the members.

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:

Brandon Pittman

Signature

BRANDON PITTMAN

Printed Name

FILING FEE: \$25.00

2024 SEP 12 11:36

FILED

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: CHILL THERAPY, LLC

Document number of Limited Liability Company is: L16000004645

Date of dissolution was: 09/09/2024

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

1) the basis for the claim including dates and supporting documentation; (2) the amount claimed;

(3) the name and address of the creditor; (4) the security for the claim, if any

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

708 S. Church Ave.

Tampa, FL 33609

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.

Christine Barned

Printed Name of the Person Filing

Christine Barned

Signature of the Person Filing

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