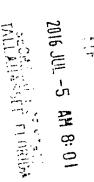
L16 0000 18109

| (R | equestor's Name) | | | | | |
|---|-------------------------|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (C | city/State/Zip/Phone #) | | | | | |
| PICK-UP | WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Goodlife Solutions, 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:

| Alec Fernandez | | |
|--|---|---------------------|
| (Name o | of Person) | |
| Goodlife Solutions, L | _LC | |
| (Firm/C | Company) | |
| 2005 Pan Am Circle | Drive Suite 270 | |
| (Add | dress) | |
| Tampa, FL 33609 | | |
| (City/State a | and Zip Code) | 2016 SEC |
| For further information concerning this matter, please call: | | |
| Alec Fernandez | _{at} 813 748-069 |)8 ² 5 [|
| (Name of Person) | (Area Code & Daytime Telephor | ne Number) |
| Enclosed is a check for the following amount: | | FAIR So |
| ■ \$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 liabil | ity company is | | | | | |
|---|---|---|---------------------------------|--------------------------|--|--|--|
| 2. | The Articles of Organization | were filed on 01/26/2016 | 5 | and assigned | | | |
| | document number L1600001 | 8109 | - | | | | |
| 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 b 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 purs 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). | | | | | | |
| Business decision to dissolve company by sole member. | | | | | | | |
| 5. | If there are no members, end activities and affairs: | er the name and address of Alec Fernandez | of the person appointed t | to wind up the company's | | | |
| | | 2005 Pan Am Circle Drive Suite 270 | | 2016 JALL | | | |
| | | Tampa, FL 33609 | | JUL -5 | | | |
| | | | | | | | |
| 6. lis | Signature of an authorized pattern above to wind up the con | erson or if there are no mapany's activities and affi | nembers, the signature of airs: | the person appointed and | | | |
| | Alm Tah | | Alec Fernandez | | | | |
| | /Signature | | Printed | Name | | | |
| | 1 | FILING F | EE: \$25.00 | | | | |