

L16000085664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

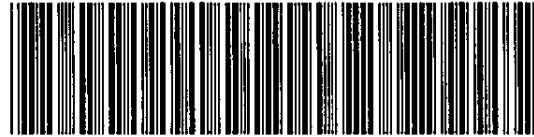
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 MAR -6 PM 12:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT  
MAR. 7 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RECOVERY COUNSELING AND MORE 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:

JOHNSON, SHERYL

(Name of Person)

RECOVERY COUNSELING AND MORE LLC

(Firm/Company)

1177 DENAUD STREET

(Address)

JACKSONVILLE, FL 32205

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHNSON, SHERYL

(Name of Person)

at 904 703-8367

(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

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**A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
RECOVERY COUNSELING AND MORE LLC
2. The Articles of Organization were filed on 04/28/2016 and assigned  
document number L16000085664
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).

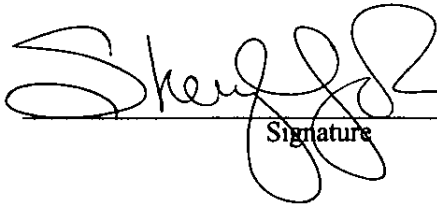
The company is dissolving to restructure as a nonprofit corporation.

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: JOHNSON, SHERYL

1177 DENAUD STREET

JACKSONVILLE, FL 32205

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

JOHNSON, SHERYL

Printed Name

**FILING FEE: \$25.00**

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