L16000201084

| (Req | uestor's Name) | | |
|---|------------------|-------------|--|
| (Add | ress) | | |
| (Add | ress) | | |
| (City | /State/Zip/Phon | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Busi | iness Entity Nar | me) | |
| (Document Number) | | | |
| Certified Copies | Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 9, 2018

DENISE M PORTER 30125 PGA DR SORRENTO, FL 32776

SUBJECT: SOL WELLNESS LLC Ref. Number: L16000201084

We have received your document for SOL WELLNESS 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):

Add address on #5 of application.

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: 518A00009568



COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

| Division of Corporations | |
|---|---|
| SUBJECT: Sol Wellness CC (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 | |
| Denise M Por- | (|
| (Firm/Company) | |
| 30125 PGA Dr. | 27 P 3 |
| Sorrento FL 3 a | 3776 <u> </u> |
| For further information concerning this matter, please call: | ode) |
| Denise Porter at (at (| (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: | 5.00 Filing Fee. Certificate of Dissolution & |
| _ | ertified Copy (additional copy is enclosed) |
| MAILING ADDRESS: | STREET/COURIER ADDRESS: |
| Registration Section Division of Corporations | 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 Sol Wellness LLC | |
|-----------|---|------------|
| 2. | The Articles of Organization were filed on October 31, 2016 and assigned | |
| | document number L 16 000 201084 | |
| 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 listed as the document's effective date on the Department of State's records. | ot l |
| 4. | A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 505.0707, Florida Statutes, (copy 605.0707 on back cover letter). | or |
| | Owner obtained employment with another | |
| | umpany. | |
| | | í |
| | ـــــــــــــــــــــــــــــــــــــ | يس السي |
| 5. | If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Denise M Porter | |
| | 30125 PGA Dr. | |
| | Sorrento FL 32776 | |
| 6. lis | Signature of an authorized person or if there are no members, the signature of the person appointed and ed above to wind up the company's activities and affairs: | |
| | Derry Me Portse Denise of Portse Signature Printed Name | |

FILING FEE: \$25.00