## 117000055959

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2017 OCT 27 PM 1: 16

K. SALY OCT 3 1 2017

## **COVER LETTER**

TO: Registra Division	tion Section of Corporations			
	ssolution of Pu	ire Soul Yoga	a, LLC	
	UMBER: L17000			
The enclosed No	tice of Limited Liability (	Company Dissolution	and fee are submitted for filing.	
Please return all	correspondence concerning	g this matter to the follo	owing:	
Theresa	Shulman			
(Name of Contact Person)				
	(Firm	n/Company)		
	·	ddress)		
8537 Spy	glass Loop, C	lermont, Flor	ida, 34711	
	(City/Sta	te and Zip Code)		
For further inform	nation concerning this ma	tter, please call:		
Theresa	Shulman	at (321 )	436-9885 (Daytime Telephone Number)	
(Name	of Contact Person)	(Area Code)	(Daytime Telephone Number)	
Enclosed is a che	ek for the following amou	nt:		
■\$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	<del>-</del>	☐ \$60 Filing Fee. Certificate of Status & osed) Certified Copy (Additional copy is enclosed)	
Amendm Division P.O. Box	G ADDRESS: ent Section of Corporations : 6327 see, FL 32314	An Div Cli 260	REET ADDRESS: nendment Section vision of Corporations fron Building 61 Executive Center Circle Hahassee, FL 32301	

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

		FDISSOLUTION	: · · · · · · · · · · · · · · · · · · ·
	-	OR BILITY COMPANY	20110CT 27 PM 1:
The name of a 1	imited liability gampany is		100/27 PM 1.
Pure Soul Yoga,	imited liability company is LLC		Act Physical
-			
The Articles of	Organization were filed on March	10, 2017	and assigned
document numb	per1.17000055959		
- Note: If the dat	Tective date the dissolution if not e teffective date cannot be prior to or re e inserted in this block does not meet ument's effective date on the Departm	the applicable statutory ming	ng: October 26, 2017 e document is received for filing) grequirements, this date will not be
A description of 605.0707, Florid	f occurrence that resulted in the lit la Statutes, (copy 605.0707 on bac	mited liability company's (ck cover letter).	dissolution pursuant to section
The managing m	ember, Theresa Shulman, consented to	o the dissolution of the compa	any pursuant to Fla. Stat, Secti
	members, enter the name and address.	ess of the person appointed	d to wind up the company's
activities and a	Tairs:		
i. Signature of an isted above to win	authorized person or if there are r nd up the company's activities and	no members, the signature affairs:	of the person appointed and
hursa	Shulma	Theresa Shulman	<u></u>
	Signature	Printe	ed Name

FILING FEE: \$25.00