

L17000089891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

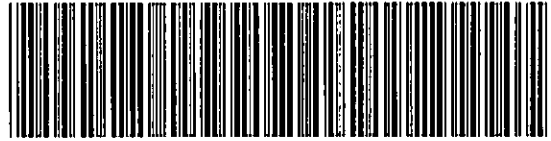
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 27 2020

I ALBRITTON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 365017 7266213
AUTHORIZATION : *[Signature]*
COST LIMIT : \$25.00

ORDER DATE : July 23, 2020
ORDER TIME : 12:43 PM
ORDER NO. : 365017-005
CUSTOMER NO: 7266213

DOMESTIC FILINGS

NAME: EAT SLEEP RECOVER LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson - EXT# 62980

EXAMINER'S INITIALS:

[Handwritten initials: CA]

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Eat Sleep Recover LLC

2. The Articles of Organization were filed on April 24, 2017 and assigned

document number L17000089891

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 no longer operating.

The company is no longer operating.

The company is no longer operating.

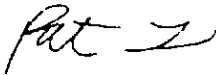
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Patrick Linden

8113 Tumbestone Court Suite 826

Delray Beach, FL 35446

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

Patrick Linden

Printed Name

FILING FEE: \$25.00

2017 APR 24 PM 1:30