

L17000096247

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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

ACCOUNT NO. : I20000000195

REFERENCE : 077961 8023455

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : February 20, 2018

ORDER TIME : 12:35 PM

ORDER NO. : 077961-005

CUSTOMER NO: 8023455

DOMESTIC FILINGS

NAME: VITALSMARTS, 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: Roxanne Turner - EXT#

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VitalSmarts, 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:

Chris Allingham

(Name of Person)

TwentyEighty, Inc.

(Firm/Company)

10901 W. Toller Drive, Suite 202

(Address)

Littleton, CO 80127

(City/State and Zip Code)

For further information concerning this matter, please call:

Chris Allingham

(Name of Person)

at 303 572-7068

(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

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

1. The name of a limited liability company is

VitalSmarts, LLC

2. The Articles of Organization were filed on 5/1/2017 and assigned

document number L17000096247

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)

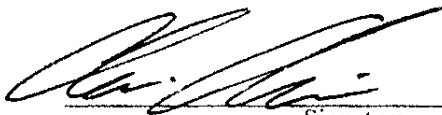
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

LLC was inadvertently formed in Florida rather than qualified to do business.

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

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

Chris Allingham

Printed Name

FILING FEE: \$25.00

FILED
18 FEB 20 AM 10:49
STATE OF FLORIDA