L17000212872

| (Re | equestor's Name) | |
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| (Ad | ldress) | |
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| (Cir | ty/State/Zip/Phone | e #) |
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| PICK-UP | ☐ WAIT | MAIL |
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| (Business Entity Name) | | |
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| (Document Number) | | |
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| Special Instructions to Filing Officer: | | |
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Office Use Only



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SECRETARY OF STATE

Y SULKER



October 26, 2020

NATHAN GREEN 1404 N RONALD REAGAN BLVD SUITE 1120 LONGWOOD, FL 32750

SUBJECT: COMPLETE WELLNESS MEDIA, LLC

Ref. Number: L17000212872

We have received your document for COMPLETE WELLNESS MEDIA, 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):

Notice of dissolution must be complete also.

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) 245-6050.

Letter Number: 520A00021283

Yasemin Y Sulker Regulatory Specialist III

www.sunbiz.org

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COVER LETTER

TO: Registration Section **Division of Corporations** SUBJECT: Complete Wellness Media, LLC DOCUMENT NUMBER: The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Nathan Green (Name of Contact Person) Green Solutions Accounting Firm Inc. (Firm/Company) 1404 N Ronald Reagan Blvd Suite 1120 (Address) Longwood, 11 32750 (City/State and Zip Code) For further information concerning this matter, please call: at (\frac{321}{\text{(Area Code)}}\) \frac{363-4982}{\text{(Daytime Telephone Number)}} Nathan Green (Name of Contact Person) Enclosed is a check for the following amount: ■\$25 Filing Fee □\$30 Filing Fee & □\$55 Filing Fee & □\$60 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified (Additional copy is enclosed) Copy (Additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limite Complete Wellness M | • • | |
|---|--|--|
| Complete Wenness M | ccua, 171.C | • |
| 2. The Articles of Orga | nization were filed on 10/13/2017 | and assigned |
| document number L | 17(KK)212872 | |
| (Note: If the date inse | e date the dissolution if not effective date cannot be prior to or more the districtive date cannot be prior to or more that the districtive date on the Department of the districtive date on the Department of | than 90 days later than date document is received for filing) applicable statutory filing requirements, this date will not |
| 4. A description of occi 605,0707, Florida Sta | arrence that resulted in the limited tutes, (copy 605.0707 on back cov | d liability company's dissolution pursuant to section over letter). |
| LLC is no longer in op | erations and needs to be dissolved | * |
| 5. If there are no memb | | f the person appointed to wind up the compand |
| activities and arrairs: | Carlos Silva 1530 Saint Edmunds Place | 1385 1385 1487 1587 1587 1587 1587 1587 1587 1587 15 |
| | Lake Mary, Fl 32746 | PA 1: 04 |
| above to wind up the co | mpany's activities and affairs: | embers, the signature of the person appointed and lis |
| Signa | ture | Printed Name |

FILING FEE: \$25,00