

17000252598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

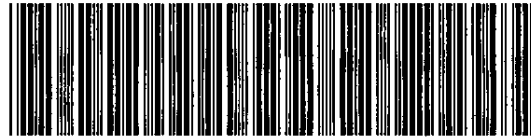
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/16/18--01025--025 **25.00

2018 APR 16 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RUNNING ON WELLNESS, 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:

JOSHUA BRODLIER
(Name of Person)

(Firm/Company)

3031 HARVEST MOON DR
(Address)

PALM HARBOR FL 34683
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSHUA BRODLIER at (303) 990-3391
(Name of Person) (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

RUNNING ON WELLNESS, LLC

2. The Articles of Organization were filed on 12-11-2017 and assigned

document number L17000252598

3. The delayed effective date the dissolution if not effective on the date of filing: 04/11/2018
(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).

VOLUNTARY DISSOLUTION - NOT ECONOMICALLY VIABLE

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

JOSHUA BRODLIER

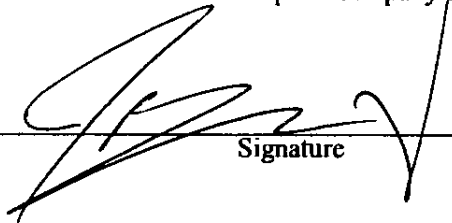
3031 HARVEST MOON DR

PALM HARBOR FL 34683

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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

JOSHUA BRODLIER
Printed Name

FILING FEE: \$25.00