

L17000260723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

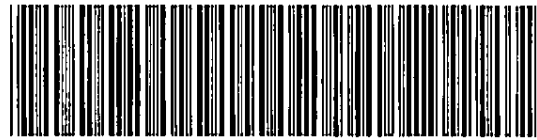
(Business Entity Name)

(Document Number)

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2018 NOV 13 PM 1:40  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Athelas Apothecary 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:

Christina Pino  
(Name of Person)

~~Athelas~~  
(Firm/Company)

6309 Sandy Bank Terrace  
(Address)

West Palm Beach, FL 33407  
(City/State and Zip Code)

For further information concerning this matter, please call:

Christina Pino at (561) 317-7416  
(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

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FL

1. The name of a limited liability company is

Athelas Apothecary

2. The Articles of Organization were filed on 12/22/2017 and assigned

document number L17000260723

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.

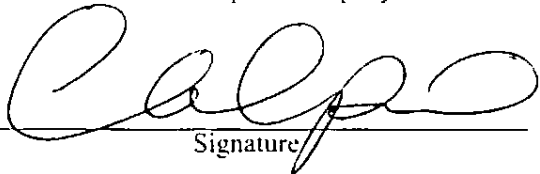
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

unable to secure ~~finances~~ finances/no  
money for business activities.

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

Christina Pino  
6309 sandy bank terrace  
West Palm Beach, FL 33407

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

Christina Pino  
Printed Name

FILING FEE: \$25.00