1180000 18609

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dunings Futh Mass)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900346778409

2020 JUN 29 AH 10: 45 SEGRETARY OF STATE TALLAHASSEE, FL

06/30/20--01030--016 ••25.00

RECEIVED
JUN 2 9 2020

D. BRUCE AUG 15 2020

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJEC	T: ELEUS M	IND , BC (Name of Limited	DO 4 Compa	SOUL (any)	, LLC		
The encl	osed Articles of Dissolution and f	ec(s) are submitted	for filing.				
Please re	tum all correspondence concernir	g this matter to the	following:				
	NATA	ACIA TO (Name of	F1ZOS of Person)				
		(Firm/C	Эотралу)				
	1620	Drickell (Ad	AUQ 4	211 E			
	Mian	(City/State	3312 and Zip Code)	9		202 S.E	
For furth	er information concerning this ma	atter, please call:			KILA	020 JUN 29 ECRETAR	43 to
	NOTALIA Para (Name of Person	<u>05</u>	_at (<u>305</u>	93	4-5111	···1,	1 E
١	(Name of Person)	(Area C	Code & Daytime To	elephone Number) 7	OF STATE	American Parameters Parameters
Enclosed	is a check for the following amount:				المار المار		
X	\$25.00 Filing Fee and Certificate of	Dissolution		g Fee, Certificate o Copy (additional o		n; u	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327				e.		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is ELEVE MIND, BODY & SOUC, LLC
2. The Articles of Organization were filed on O1/27/2018 and assigned
document number <u>L18000018609</u>
3. The delayed effective date the dissolution if not effective on the date of filing: 06/22/2020 (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.
 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).
NO longer conducting 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:
77 Y 77
6. Signature of an authorized person or if there are no members, the signature of the person appointed and liste above to wind up the company's activities and affairs:
MATALIA PAZOS
Signature Printed Name FILING FEE: \$25.00