

L18000063479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

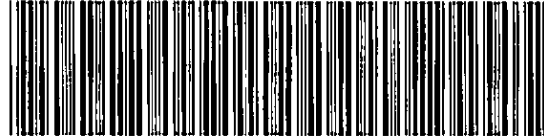
(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bradenton Family Wellness Clinic  
(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:

Melissa Cram  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

5245 Office Park Blvd. Suite #103  
(Address)

Bradenton, FL 34208  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_  
(Name of Person) at (\_\_\_\_\_) \_\_\_\_\_  
(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

Bradenton Family Wellness Clinic LLC

2. The Articles of Organization were filed on 3/12/18 and assigned

document number L18000063479

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).

Was planning to separate 2 practices and  
changed my mind to keep everything  
under one business name.

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

Melissa Cram

5245 Office Park Blvd #103

Bradenton, FL 34203

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

Melissa Cram

Printed Name

**FILING FEE: \$25.00**

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