L18000076482

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

Office Use Only



200316640532

Book 1 & March 1 The Land Street

AUG 1 5 2018 S. YOUNG 18 AUG 13 PN 6:5

COVER LETTER

TO:

Registration Section Division of Corporations

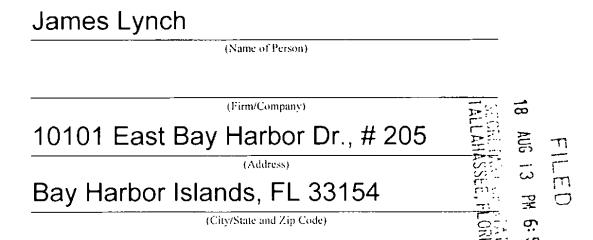
Everymind USA, LLC

SUBJECT:

(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:



For further information concerning this matter, please call:

James Lynch

_,305

3848252

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee and Certificate of Dissolution

\$555.00 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

l.	The name of a limited liabil Everymind USA, LLC	ity company is			'	
2.	The Articles of Organization	n were filed on _	March 26, 2018	and assigned		
	document number L180000	76482				
3.	(effective	date cannot be prior his block does not	not effective on the date of filing to or more than 90 days later than date meet the applicable statutory filing epartment of State's records.	document is received for fili	ng) Il not be	
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). Partners decided not to move forward with the business because of loss of the single potential customs					
			10 000111000 0000000 01 1000 01 11	≥½ ∞		
					— -n	
					=	
					m : 0	
5.	If there are no members, ent activities and affairs:	er the name and James Lynch	address of the person appointed	to wind up the prints	• ••••s	
		10101 East Ba	sy Harbor Dr., #205			
		Bay Harbor Isla	ands, FL 33154			
6	Simulture of an authorized p	niron ar if thuru	are no members, the signature of	Ethy pages appointed		
o. Iis	ted above to wind up the con	apany's activities	s and affairs:	title person appointed a	.tru	
/	Malu		James Lynch			
\dagger	Signature	<u> </u>		d Name		
\	\mathcal{A}	FII	LING FEE: \$25.00			