

L18000169403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

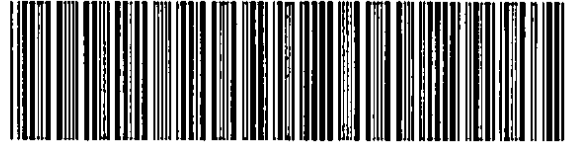
Certificates of Status _____

Special Instructions to Filing Officer:

Q. SILAS

11-13-2021

Office Use Only



600376287366

11/12/21--01010--007 **25.00

SECRETARY OF STATE
TALLAHASSEE, FL

2021 NOV 12 PM 4:14

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE INSTITUTE OF FINANCIAL 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:

Darren Sussman

(Name of Person)

THE INSTITUTE OF FINANCIAL WELLNESS, LLC.

(Firm/Company)

11757 Grove Ridge Lane

(Address)

Boynton Beach FL 33347

(City/State and Zip Code)

For further information concerning this matter, please call:

Darren Sussman

(Name of Person)

917

9136

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2021 NOV 12 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
THE INSTITUTE OF FINANCIAL WELLNESS, LLC

2. The Articles of Organization were filed on 7/13/2018 and assigned
document number L18000169403.

3. The delayed effective date the dissolution if not effective on the date of filing: 10/10/2021
(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).

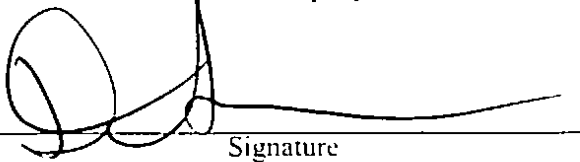
No Longer Operating This Company

No Longer Operating This Company

No Longer Operating This Company

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

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

Darren Sussman

Printed Name

FILING FEE: \$25.00