

L18000 251706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

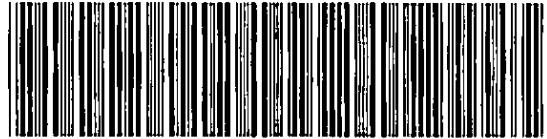
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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20 JUN 18 AM 11:45  
CLERK OF STATE  
OFFICE OF THE CLERK OF STATE

*Dissolution*

AUG 9 2020

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Empowerful 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:

Bonnie Cooper  
\_\_\_\_\_  
(Name of Person)  
  
Empowerful Wellness  
\_\_\_\_\_  
(Firm/Company)  
  
1812 Mariner Dr. Unit 129  
\_\_\_\_\_  
(Address)  
  
Tarpon Springs, FL 34689  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Bonnie Cooper at 727 6745511  
\_\_\_\_\_  
(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 Address:**

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

2019 APR 11 4:55 PM  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32303

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Empowerful Wellness

2. The Articles of Organization were filed on Oct. 25, 2018 and assigned

document number L18000251706

3. The delayed effective date the dissolution if not effective on the date of filing: June 16, 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.

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).

Focused 100% on my other business.

Focused 100% on my other business.

Focused 100% on my other 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: Bonnie Cooper

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:

Bonnie Cooper  
Signature

Bonnie Cooper

Printed Name

**FILING FEE: \$25.00**

2019 JUN 13 PM 11:45  
STATE OF FLORIDA  
DEPARTMENT OF STATE