

8/29/23, 12:57 PM

Division of Corporations

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L18000758921

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
Account Number : I19990000006
Phone : (407)425-7010
Fax Number : (407)425-2747

LLC DISSOLUTION OR WITHDRAWAL
LIFE COMPASS INNOVATIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SEP 01 2023

1. LEMIEUX

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COVER LETTER

TO: Registration Section
Division of Corporations

LIFE COMPASS INNOVATIONS, 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.

William H. Robinson, JR., Esq

(Name of Person)

Zimmerman, Kiser & Sutcliffe, P.A.

(Firm/Company)

315 E. Robinson Street, Suite 600

(Address)

Orlando, Florida 32801

(City/State and Zip Code)

For further information concerning this matter, please call

Emily Bautista, Corporate Paralegal

407

425-7010

at (

(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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

LIFE COMPASS INNOVATIONS, LLC

2. The Articles of Organization were filed on 11/07/2018 and assigned

document number L18000258921

3. The delayed effective date the dissolution if not effective on the date of filing: upon 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).

Cessation of Business Operations

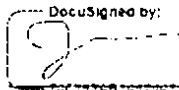
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Joy Kelleher

324 Brenau Avenue

GAINESVILLE, GA 30501

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:

DocuSigned by:


Signature

Joy Kelleher, Manager

Printed Name

FILING FEE: \$25.00

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Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: LIFE COMPASS INNOVATIONS, LLC

Document number of Limited Liability Company is: L18000258921

Date of dissolution was: upon filing

Description of information that must be included in a written claim:

Description of claim and name and contact information of Claimant.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

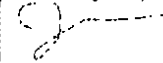
324 Brenau Avenue

GAINESVILLE, GA 30501

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Joy Kelleher

Printed Name of the Person Filing

DocuSigned by:


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

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