

L19 000064458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

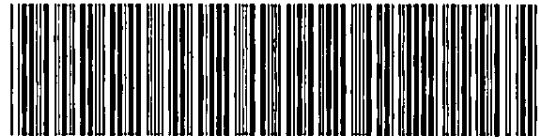
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*10/11/2021*  
*[Signature]*

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**FILED**  
2021 OCT -4 AM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ROYAL HEALTH & 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:

JAMES DUBELL

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

ROYAL HEALTH & WELLNESS LLC

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

201 S 2ND ST, STE 208

\_\_\_\_\_  
(Address)

FORT PIERCE, FL 34950

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES DUBELL

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

at ( 239 ) 776 - 9656

\_\_\_\_\_  
(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 OCT -4 AM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
ROYAL HEALTH & WELLNESS LLC

2. The Articles of Organization were filed on MARCH 6TH 2019 and assigned  
document number L19000064458

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).  
BUSINESS CLOSURE.


BUSINESS CLOSURE.

BUSINESS CLOSURE.

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

JAMES DUBELL  
Printed Name

FILING FEE: \$25.00