# L19 000 100415

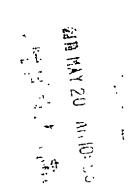
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Carriella and Filip Office			
Special Instructions to Filing Officer:			
}			
į			

Office Use Only



000329390430

U5/20/19==01025==007 \*\*25.00





# **COVER LETTER**

· • ·	-6			
COVER LETTER				
FO: Registration Section Division of Corporations	ER LETTER  Organ LLC  inted Liability Company)			
SUBJECT: Mental (oach M. (Name of Lin	organ LLC nited Liability Company)			
The enclosed Articles of Dissolution and fee(s) are subm	itted for filing.			
Please return all correspondence concerning this matter t	o the following:			
Andrew M	lorgan ame of Person)			
Mental 1	Ceach Morgan, LLC			
600 Three Klands	(Address)  (Address)  Cach, FL 33009			
Hallandale B	Cach, FL 33009 State and Zip Code)			
For further information concerning this matter, please ca				
Andrew Morgan (Name of Person)	at (703) 667-5701 (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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

ì.	The name of a limited liability company is	<b>*</b>
	Mental (oach Morgan	LLC
2.	The Articles of Organization were filed on	
	document number <u>L19080100415</u>	(* 2)
3.	The delayed effective date the dissolution if no (effective date cannot be prior to Note: If the date inserted in this block does not me listed as the document's effective date on the Depa	or more than 90 days later than date document is received for filing) et the applicable statutory filing requirements, this date will not be
4.	A description of occurrence that resulted in the 605.0707, Florida Statutes, (copy 605.0707 on l	limited liability company's dissolution pursuant to section
		LC in California and when I
		ered another LCC in Florida. Instad,
		n FL and domesticating the
	LLI I have from CA	
5.	If there are no members, enter the name and ad activities and affairs:  Andrew  N	dress of the person appointed to wind up the company's
	600 Three	Islands Blud, Apt 207
	[tallandal	Bench, FL 33009
6. lis	Signature of an authorized person or if there and ted above to wind up the company's activities a	no members, the signature of the person appointed and affairs:
	Signature	Andrew Morgan Printed Name

FILING FEE: \$25.00