

L19000 109 775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

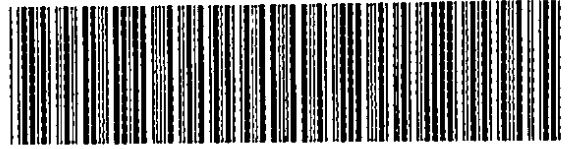
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 MAY 24 P 12:40
FBI LABORATORY

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Interlachen Wellness Center 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:

John F. Steiner, Registered Agent

(Name of Person)

(Firm/Company)

15285 NE 238th Avenue

(Address)

Salt Springs, FL 32134

(City/State and Zip Code)

For further information concerning this matter, please call:

John F. Steiner

(Name of Person)

at (352) 685-6235

(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**

1. The name of a limited liability company is

Interlachen Wellness Center LLC

2. The Articles of Organization were filed on April 22, 2019 and assigned

document number L19000109775

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).

It has been determined that it is not necessary to form a Limited Liability Company for the purpose of

this business, and as there are no other members or officers, this "LLC" should be dissolved.

There has been no business conducted by Interlachen Wellness Center LLC

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

15285 NE 238th Avenue

Salt Springs, FL 32134

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

John F. Steiner

Printed Name

FILING FEE: \$25.00

FILED
2019 MAY 24 P 12:28
TALLAHASSEE, FLORIDA

5/21/2019