

L19000234476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

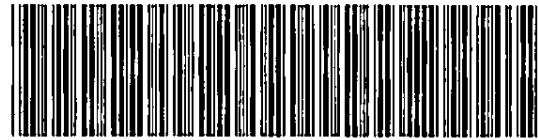
(Business Entity Name)

(Document Number)

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**FILED**  
2022 JAN 25 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FL

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FEB 09 2022  
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
Mangala Yoga and Wellness, 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:

Abby E. Myer

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

Mangala Yoga and Wellness, LLC

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

5403 Brandy Circle West

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

Fort Myers, Florida 33919

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

For further information concerning this matter, please call:

Abby E. Myer

239

980-7320

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

FILED  
2022 JAN 25 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FL

1. The name of a limited liability company is  
Mangala Yoga and Wellness, LLC

2. The Articles of Organization were filed on 09/17/2019 and assigned  
document number L19000234476

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).  
No longer operating due to COVID.

\_\_\_\_\_  
No longer operating due to COVID.

\_\_\_\_\_  
No longer operating due to COVID.

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:

Abby E Myer  
Signature

Abby E Myer  
Printed Name

FILING FEE: \$25.00