

L19000234476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

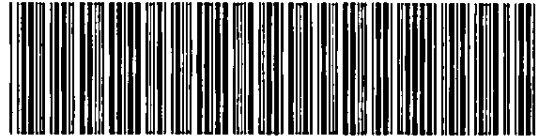
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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01/25/22--01021--003 **25.00

FILED

2022 JAN 25 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FL

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FEB 09 2022
ALBRITTON

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
TALLAHASSEE, FL
DEPARTMENT OF STATE

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