

119 000 257 043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

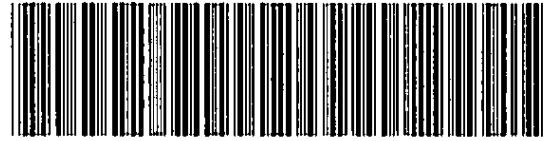
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/22/21--01014--022 **25.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TransitionWell Consulting, 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:

Janelle James

(Name of Person)

TransitionWell Counseling, LLC

(Firm/Company)

(soon to be TransitionWell Counseling & Consulting, LLC)

471 Northside Dr. S

(Address)

Jacksonville, FL 32218

(City/State and Zip Code)

For further information concerning this matter, please call:

Janelle James

(Name of Person)

269

753-4303

at (_____) _____

(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

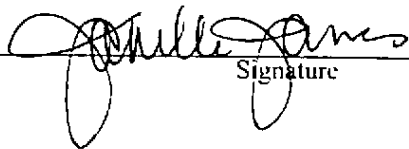
Street Address:

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

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- The name of a limited liability company is
TransitionWell Consulting, LLC
- The Articles of Organization were filed on 10/11/2019 and assigned
document number L19000257043
- 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.
- 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).
Combining with TransitionWell Counseling, LLC to be TransitionWell Counseling & Consulting, LLC
~~Combining with TransitionWell Counseling, LLC to be TransitionWell Counseling & Consulting, LLC~~
~~Combining with TransitionWell Counseling, LLC to be TransitionWell Counseling & Consulting, LLC~~
- If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
Janelle James
471 Northside Dr. S
Jacksonville, FL 32218
- 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

Janelle James

Printed Name

FILING FEE: \$25.00