

L19000279827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2020 JUL 31 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FL

SEP 25 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Guided Wellness
(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:

Deborah Robel

(Name of Person)

Guided Wellness

(Firm/Company)

4150 11th Pl SW

(Address)

Vero Beach, FL 32968

(City/State and Zip Code)

For further information concerning this matter, please call:

Deborah Robel

(Name of Person)

at (908) 938-6457

(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**

1. The name of a limited liability company is

Guided Wellness

2. The Articles of Organization were filed on 11-12-19 and assigned

document number L19000279827 (effective 1-1-2020)

3. The delayed effective date the dissolution is not effective on the date of filing: 8-1-2020

(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).

Shortly after transferring the business from NJ

to FL, my 91 yr. old mother became ill. As her (now)

full-time care giver, I am no longer able to attend

to the affairs of the business. I am sole-proprietor.

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

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DEPT OF STATE
TALLAHASSEE, FL

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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:

Deborah Robel
Signature

Deborah Robel
Printed Name

FILING FEE: \$25.00