

L200000144050

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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700417136557

10/10/23--01017--022 **25.00

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2023 OCT 19 AM 6:59

COVER LETTER

TO: Registration Section
Division of Corporations

Greater Wellness, LLC dba Greater Wellness Clinic

(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:

Tuesday Radd

(Name of Person)

Greater Wellness, LLC

(Name of Company)

5301 Anton Court

(Address)

Tampa, FL 33647

(City/State and Zip Code)

For further information concerning this matter, please call:

Tuesday Radd

813

at (

597-5269)

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

2023 OCT 10 AM 6:59

1. The name of a limited liability company is
Greater Wellness, LLC dba Greater Wellness Clinic

2. The Articles of Organization were filed on May 27, 2020 and assigned
document number L20000144050

3. The delayed effective date the dissolution if not effective on the date of filing: 09/07/2023
(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).
Greater Wellness, LLC gave their medical records to Complete Ketamine Solutions Tampa.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Tuesday Radd, 5301 Anton Ct. Tampa, FL 33647

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:

Tuesday Radd
Signature

Tuesday Radd
Printed Name

FILING FEE: \$25.00