

L20 000150861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT

MAIL

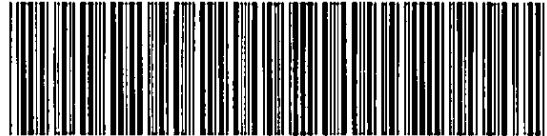
(Business Entity Name)

(Document Number)

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C. GOLDEN

OCT - 4 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Optimal Health & Wellness Center, 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:

Janell M. Jasmin
(Name of Person)

(Firm/Company)

2442 Grand Central Pkwy Unit 19
(Address)

Orlando, FL 32839
(City/State and Zip Code)

For further information concerning this matter, please call:

Janell Jasmin at 850, 322-8091
(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**

1. The name of a limited liability company is:

Optimal Health & Wellness Center, LLC

2020/11/19 11:08:51

2. The Articles of Organization were filed on June 03, 2020 and assigned

document number L20000150861

3. The delayed effective date the dissolution if not effective on the date of filing: August 17, 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).

Members of LLC voted to dissolve LLC
Voluntarily due to lack of founding
members' involvement in the business.

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:

J. M. Jasmin
Signature

Janell M. Jasmin
Printed Name

FILING FEE: \$25.00