

120 000215219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

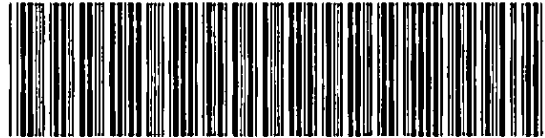
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 DEC 28 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FL

*Dissolution*

JAN 10 2022

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KREB'S HEALTH 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:

CHRISTOPHER EADER

(Name of Person)

BLUEPRINT FAMILY OFFICE

(Firm/Company)

605 N. Bentz St, Ste 204

(Address)

Frederick, MD 21701

(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher Eader

240

454-1711

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

2021 DEC 28 AM 10:19

FILED

1. The name of a limited liability company is  
Kreb's Health LLC

**FILING FEE: \$25.00**