

K7C 000 309 245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

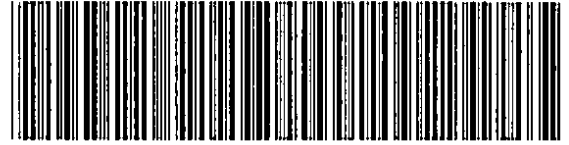
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: The Living Well 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:

Jeffrey B Smialek  
(Name of Person)

Living Well Center, LLC.  
(Firm/Company)

1422 Appleton Place  
(Address)

Wesley Chapel FL 33543  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jff Smialek at ( 813 ) 838-3074  
(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

Lion Well Center LLC

2. The Articles of Organization were filed on 09/30/2020 and assigned

document number L20000309245

3. The delayed effective date the dissolution if not effective on the date of filing: 9-7-2021  
(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).

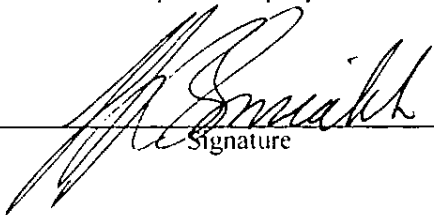
The company was not able to gain access to Mt insurance for clients

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

Jeff Smalek  
1422 Appleton Place  
Wesley Chapel FL 32783

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SECRETARY OF STATE  
TALLAHASSEE, FL

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:

  
Signature

Jeffrey B Smalek  
Printed Name

FILING FEE: \$25.00