Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BYTES SERVICES LLC

Account Number : I20210000149

Phone

: (786)600-8004

Fax Number

: (305)602-9816

LLC DISSOLUTION OR WITHDRAWAL SUNRISE MEDICAL WELLNESS LLC

Certificate of Status	1
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Email: damian@bytesgroup.net

To. +18506176333

(((H22000126654 3)))

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

B	FILING FEE: \$25.00	
Lino Chebe Jr Signature	Lino Chepe Jr. Printed Name	
bove to wind up the company	The second se	n 192
	22018 ENSENADA WAY, BOCA RATON FL 33433	
 If there are no members, en activities and affairs: 	ter the name and address of the person appointed to wind up the company's MR. LINO CHEPE, Jr.(II)	
COVID 19 PANDEMIC AND	FINANCIAL HARDSHIP, DEATH OF FOUNDER OF THE COMPANY.	
605.0707, Florida Statutes		
605.0707, Florida Statutes		
4. A description of occurrence 605.0707, Florida Statutes, 6 605.0707, Florida Statutes	that resulted in the limited liability company's dissolution pursuant to section (copy 605.0707 on back cover letter).	
(effective Note: If the date inserted in	the disconnection in the effective of the date of filling and all document is received for filling) this block does not meet the applicable statutory filling requirements, this date will not be citive date on the Department of State's records.	
document number L200003	the dissolution if not effective on the date of filing: 01/01/2022	
2. The Articles of Organization		
• = = = = = = = = = = = = = = = = = = =	10/13/2020	
 The name of a limited liabi SUNRISE MEDICAL WELL 	• •	