

W21 000008877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/23/21--01017--010 **55.00

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STATE
21 JAN 22 PM 2:03

Dissolution

01/23/21

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Get Back In Coaching Services 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:

Patricia C. Samuel

(Name of Person)

Owner

(Firm/Company)

517 Vaughn St.

(Address)

Titusville, FL 32796

(City/State and Zip Code)

21 JAN 22 PM 2:03

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CLERK OF STATE
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Patricia C. Samuel

256 658-0082
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

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Get Back In Coaching Services LLC

2. The Articles of Organization were filed on 12/30/20 and assigned

document number L21000008877

3. The delayed effective date the dissolution is not effective on the date of filing: 1/19/21
(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).

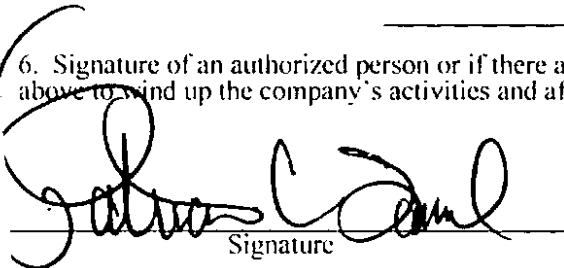
Voluntary Dissolution

Voluntary Dissolution

Voluntary Dissolution

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Patricia C. Samuel 517 Vaughn St Titusville, FL 32796

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

Patricia C Samuel
Printed Name

FILING FEE: \$25.00

21 JAN 22 PM 2:03

FILED
DEPT. OF STATE
CORPORATION DIVISION

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: _____

Document number of Limited Liability Company is: _____

Date of dissolution was: _____

Description of information that must be included in a written claim:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00