

L210000016755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

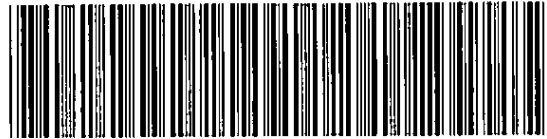
(Document Number)

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JUN 12 2023
J. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2023

HEALTHY LIFE 4 YOU, LLC
1950 MESIC HAMMOCK WAY
VENICE, FL 34292

SUBJECT: HEALTHY LIFE 4 YOU, LLC
Ref. Number: L21000016755

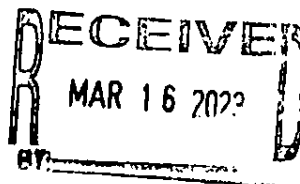
We have received your document for HEALTHY LIFE 4 YOU, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 723A00004087



STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

FIRST: The name of the limited liability company is: Healthy Life 4 You

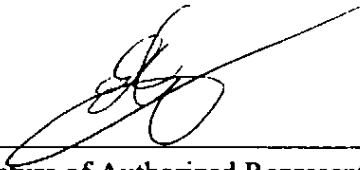
SECOND: The Florida Document number of the limited liability company is: L21000016755

THIRD: The date of filing of the initial articles of organization is: 01/05/2021

FOURTH: The date of filing of the dissolution is: 11/14/2022

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

Business is closed due to hurricane Ian.



Signature of Authorized Representative

Ru Shui Dan

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, FLORIDA